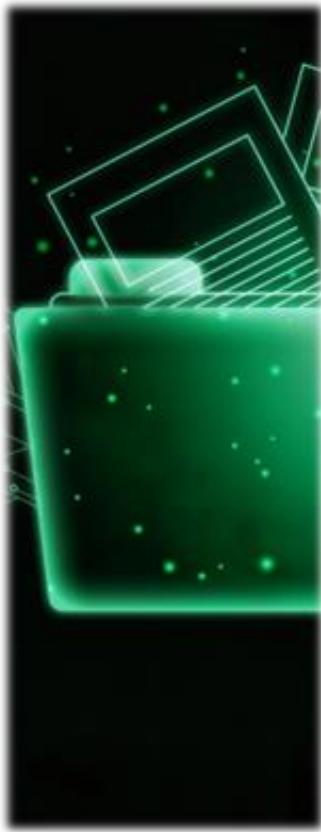


# Charting, Labs, Imaging, & Medication Data



## Quick Links:

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- [Documenting Calls](#)
- [Note Documentation in Ubiquity](#)
- [Encounter Documentation in Ubiquity](#)
- [Creating & Using Hash Keys](#)
- [Meaningful Touch](#)
- [Offline Documentation](#)
- [APC Ordering Labs and Diagnostics](#)
- [Using the Quest Lab Portal](#)
- [Trident Care Referral Response](#)
- [Health Gorilla](#)
- [LabCorp](#)
- [NewCrop](#)

### Training Tip:

Landmark is not able to assist with picking up a specimen ordered by a community provider.

### Training Tip:

PCCs will transfer the call to an available APC / RN or send an email triage if no one is available.

### Training Tip:

Please review the additional video trainings linked above for more information on the various lab portals used by Landmark.

# Documenting Calls

## Links & Resources:

Refer to the linked Ubiquity tutorial to explore basic functions of the application, including documentation procedures.

The Ubiquity application should be open and ready to search patients when an incoming call is received.

 [Link – Ubiquity Overview](#)

[Ubiquity.pdf](#)

- Search patients
- Open charts
- Review patient engagement status
- Identify Alert Care patients
- Locate the patient's Landmark (Care) Team
- Create notes
- Finalizing a note
- Accessing chart documents
- Managing appointment schedules

 [Link – Ubiquity HPSI Tab Overview](#)

[Ubiquity - HPSI Tab.pdf](#)

### Training Tip:



You can review any open notes pending finalization using the speedometer icon in the upper-left side of the window. Check this section before signing out at the end of your shift

All calls associated with Landmark patients require documentation in Ubiquity.

- Notes must follow a specific format:
  - Font: Calibri
  - Font Size: 11 pt

#### Standard Note Template:

Patient verifications completed: Name, DOB, call back number, visit address

Acuity/Intensity:

Last seen face to face/Reason:

Pertinent Medical Hx:

CC:

HPI:

Assessment: OLDCARTS (onset, location, duration, character, alleviating/aggravating, radiation, time, severity)

Pertinent positives:

Pertinent negatives:

Attempted/outcomes:

Vitals:

Plan:

Patient advised to call Landmark Health anytime with any additional questions or concerns. Call 911 with emergent symptoms.

A note should be entered after each phone call on the patient's behalf and include:

- The category of phone call
- Patient's reason for calling
- Any actions you took to resolve the patient's request
- Any APC or provider who accepted a warm transfer

#### When to use Notes & Encounters:

| Documentation Type: | Who can Create: | Why:                                                                                                                        |
|---------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------|
| Notes               | Entire LM1 Team | <ul style="list-style-type: none"> <li>• Notifications triage</li> <li>• documenting callbacks without answering</li> </ul> |
| Encounters          | NP, PA, DO, MD  | Clinical management of the patient                                                                                          |

## Note Documentation in Ubiquity

Notes can be clinical or nonclinical in nature. Notes are going to be created for every patient interaction UNLESS an encounter is required (see 'Encounter' below).

Call Center Notes Reports get generated and sent to the markets.

- From there, the NCMs will review the reports and follow up as necessary. This takes the place of having to send an email to the markets.

### Attention – Telephonic UV Encounter Documentation

If a Telephonic UV encounter is subsequently created and finalized during the same call by the APC for the same chief complaint, the note should be deleted.



#### Non-Clinical

Appointment Cancellations  
Provider ETA Requests



#### Clinical

Triage and handoff to market to manage  
(Without providing management / Treatment)  
Callbacks that do not answer  
Unengaged patient with a clinical concern  
Follow-up calls with consultants / family  
Family / Caregiver call with patient not present

#### UB Note Category

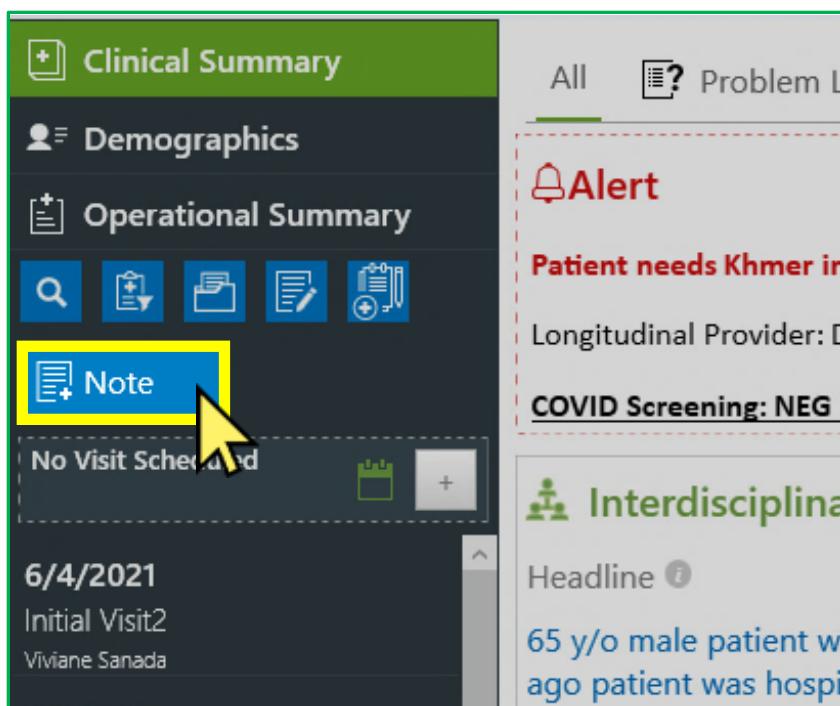
Landmark First Patient Call  
Administrative

#### UB Note Category

Landmark First Patient Call  
Clinical

**Creating a Note:**

1. Open the patient's chart and select the blue "Note" button from the left-side panel.



You will be directed to select a category and subcategory for your note. Additional supplementary information should be checked based on the nature of the call.

The screenshot shows the 'Select Forms' dialog box. At the top, it displays patient information: BKIKU CUZTUPYU (1574084), 68 yrs, (6/18/1953), Female, (011) 388-1100. The dialog box includes tabs for 'Training', 'Full Code', and 'Engaged'. The 'Core' section contains a single checked checkbox for 'Case Note'. The 'Supplementary' section lists numerous other forms with checkboxes, such as 'Advance Care Plan', 'Behavioral Health Risk Assessment', 'Call Landmark First Checklist', etc. At the bottom, there are buttons for 'Save & Close', 'Start', and others.

2. Select “Landmark First – Patient Call” as your note category.

- Select “Clinical” as your subcategory.

**New Note**

### Note Details

Note Date:

Category:

--Select--
!

--Select--
Landmark First - Patient Call
Landmark First - Care Coordination
Landmark First - Documents

Alex Dominguez X

Alex Dominguez (1553789), 43 yrs, (9)

Landmark First - Patient Call-(8/5/2021)

### Note Details

Note Date:

Category:

Landmark First - Patient...
▼

Sub Category:

--Select--
▼

--Select--
Clinical

3. After selecting your category, check appropriate supplementary information on the right side of the window. When ready, click ‘Start’.

**Note Details**

Note Date:

Category:

Telephonic
▼

Sub Category:

-
▼

**Select Forms**

**Core**

Case Note

**Supplementary**

|                                                                     |                                                                   |
|---------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Social History                             | <input type="checkbox"/> Behavioral Health Risk Assessment        |
| <input type="checkbox"/> Advance Care Plan                          | <input type="checkbox"/> Mini Nutritional Assessment              |
| <input type="checkbox"/> Human Factor Assessment Tool               | <input type="checkbox"/> Post-Discharge Assessment                |
| <input type="checkbox"/> Pre-IV Welcome call                        | <input type="checkbox"/> Human Factor Survey (Non-NCOA)           |
| <input type="checkbox"/> MAHC 10 - Fall Risk Assessment Tool        | <input type="checkbox"/> Immunizations                            |
| <input type="checkbox"/> Human Factor Assessment NCOA               | <input checked="" type="checkbox"/> Phone Call                    |
| <input type="checkbox"/> Visit Scheduler                            | <input checked="" type="checkbox"/> First Checklist               |
| <input type="checkbox"/> Quality of Life Monitoring                 | <input type="checkbox"/> Current Score for Depression in Dementia |
| <input type="checkbox"/> Pain Assessment in Advanced Dementia Scale | <input type="checkbox"/> Opioid Risk Assessment                   |
| <input type="checkbox"/> Quality Measures                           | <input type="checkbox"/> Functional Status                        |

< Prev
Next >
Discard Changes
Close
Save & Close
Start

4. Complete your documentation according to the templates provided in this section. When finished, check the appropriate “Note Type” and “Contact Type” boxes and click “Save and Close”.

The screenshot shows the 'Case Note' tab selected in the top navigation bar. The main panel contains various clinical notes and history. On the right, a sidebar titled 'Did any of the following apply to this note?' lists categories for 'Note Type' and 'Contact Type' with corresponding checkboxes. A yellow box highlights the 'Open' dropdown in the sidebar. At the bottom right of the sidebar are buttons for '< Prev', 'Next >', 'Discard Changes', 'Close', 'Save & Close', and 'Save'.

5. Once finished, you must ‘finalize’ your note. This is like signing the note.

- On the right panel, click the dropdown list under ‘Open’ and select ‘finalized documentation’.

The screenshot shows the 'Case Note' tab selected. The right panel includes a 'Note Status' dropdown with 'Open' and 'Finalized Documentation' options. A yellow box highlights the 'Finalized Documentation' option, which is selected. A cursor arrow points to the 'Update' button at the bottom of the sidebar.

Click ‘Update’ when finished.

The screenshot shows the 'Case Note' tab selected. The right panel includes a 'Note Status' dropdown with 'Finalized Documentation' selected and an 'Update' button highlighted with a yellow box. A cursor arrow points to the 'Update' button. Below the status, a message states: 'By marking Finalized Documentation above, I, Paul Nichols elect to sign this note on 7/6/2021 12:09 PM Eastern Standard Time.'

## Opening an Addendum:

Addendums can only be made in notes. If an addendum needs to be made to an encounter, provider will need to request the encounter to be sent back to them emailing the Coding Department at Coding@landmarkhealth.org.

1. Select appropriate note.

A IIZROPZI-UTOZTD X

|                              |                         |                                                                                |                                           |                          |                                                                           |
|------------------------------|-------------------------|--------------------------------------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------------|
| Patient<br>A IIZROPZI-UTOZTD | Staff<br>Sunni Kneeland | Note Date<br>2/16/2023 11:03:11 AM<br>Created On:<br>2/16/2023 11:03:49 AM CST | Category<br>Landmark First - Patient Call | Sub Category<br>Clinical | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |
|------------------------------|-------------------------|--------------------------------------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------------|

**Case Note**

Case Note  
Received phone call from pt's dtr Susan who reports pt has had painful urination since Thursday. She is requesting to speak with APP. Call transferred to LM1 APP.

Tags  
• Note Type Call(s) completed, Call(s) completed - Family/friend  
• Contact Type Family/friend

Acuity C-Moderate    Full Code Engaged

Note Status Finalized Documentation Update

Addendum Open

Outstanding Mandatory Tasks 0

Jump To Case Note

2. Click on “finalized documentation” and choose “Addendum Open.”
  - Once this is done, the note can be edited.

A IIZROPZI-UTOZTD X

|                              |                         |                                                                                |                                           |                          |                                                                           |
|------------------------------|-------------------------|--------------------------------------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------------|
| Patient<br>A IIZROPZI-UTOZTD | Staff<br>Sunni Kneeland | Note Date<br>2/16/2023 11:03:11 AM<br>Created On:<br>2/16/2023 11:03:49 AM CST | Category<br>Landmark First - Patient Call | Sub Category<br>Clinical | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |
|------------------------------|-------------------------|--------------------------------------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------------|

**Case Note**

Case Note  
Received phone call from pt's dtr Susan who reports pt has had painful urination since Thursday. States pt was seen for UV on Friday and urine specimen obtained at that time. She is requesting to speak with APP. Call transferred to LM1 APP Betsy.

Tags  
• Note Type Call(s) completed, Call(s) completed - Family/friend  
• Contact Type Family/friend

Acuity C-Moderate    Full Code Engaged

Note Status Addendum Open Update

Addendum Versions Version 2 Report Generation

Outstanding Mandatory Tasks 0

Jump To Case Note

3. Once edits are completed, chart will need to be finalized again. Click “finalized documentation” and then “Update.”

A IIZROPZI-UTOZTD X

|                              |                         |                                                                                |                                           |                          |                                                                           |
|------------------------------|-------------------------|--------------------------------------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------------|
| Patient<br>A IIZROPZI-UTOZTD | Staff<br>Sunni Kneeland | Note Date<br>2/16/2023 11:03:11 AM<br>Created On:<br>2/16/2023 11:03:49 AM CST | Category<br>Landmark First - Patient Call | Sub Category<br>Clinical | <input type="button" value="Edit"/> <input type="button" value="Delete"/> |
|------------------------------|-------------------------|--------------------------------------------------------------------------------|-------------------------------------------|--------------------------|---------------------------------------------------------------------------|

**Case Note**

Case Note  
Received phone call from pt's dtr Susan who reports pt has had painful urination since Thursday. States pt was seen for UV on Friday and urine specimen obtained at that time. She is requesting to speak with APP. Call transferred to LM1 APP Betsy.

Tags  
• Note Type Call(s) completed, Call(s) completed - Family/friend  
• Contact Type Family/friend

Acuity C-Moderate    Full Code Engaged

Note Status Finalized Documentation Update

I, Sunni Kneeland, NP have electronically signed this note on 2/16/2023 11:10 AM Central Standard Time

Addendum Versions Version 2 (2/16/2023 11:10 AM) Report Generation

Outstanding Mandatory Tasks 0

Jump To Case Note

# Encounter Documentation in Ubiquity

Encounters will be used any time you are practicing medicine, making medical decisions, or making a new recommendation to an existing plan of care. Creating an encounter will subsequently create an Episode of Care which will trigger an alert to the patient's care team that there has been an acute change in the patient's baseline and will require follow-up. Below are some situations where an encounter will be used:

- LM1 APC is providing treatment/medical management.
- Starting new medications.
- Sending RX to patient's pharmacy, including bridge refills.
- Manipulation of a current medication.
  - Holding of medication.
  - Giving additional dose of medication.
  - Changing dosage.
  - Medication bridge refill.
- Sending patients to the ED – opens UEOC.
- You are using your advanced degree to practice medicine.
- Urgent or emergent test results that need follow-up.
- Updating or implementing a new plan of care.
- Follow up on vitals, including blood glucose.
- Adding a new diagnosis.

## Urgent Visit Types & Documenting Them:

### *Telemedicine Encounter with Abbreviated Documentation*

|                                                                                                     |                                                                                                        |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
|  Home Audio Only |  Telemedicine Video |
| <ul style="list-style-type: none"><li>• Phone only</li><li>• No UE</li></ul>                        | <ul style="list-style-type: none"><li>• Video visit without UE</li></ul>                               |

### *Same Encounter as Face-to-Face*

|                                                                                                                     |                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|  Urgentivist Extender Telephonic |  Urgentivist Extender Video  |
| <ul style="list-style-type: none"><li>• Video unavailable</li></ul>                                                 | <ul style="list-style-type: none"><li>• UE hired or contracted</li><li>• Visit facilitated with video</li></ul> |

Example – Urgent Visit Types Selection in Ubiquity

The screenshot shows the 'Facility' dropdown menu open, displaying a list of options: Assisted Living Facility, Audio Only - Home, Audio Only - Other, Custodial Care Facility, Group Home, Home, Homeless Shelter, Nursing Facility, Office, Skilled Nursing Facility, Temporary Lodging, and a placeholder '--Select--'. Above the dropdown, a patient summary bar displays: Bosworth 00 X, 6101, 49 yrs, (11/16/1973), Male, (619) 636-1889, and BSCP.

**Select Forms**

**Core**

- History of Present Illness
- Surgical History
- Physical Exam

**Supplementary**

- Administered Medications
- Call Landmark First Checklist
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Edmonton Symptom Assessment System
- Immunizations

Facility:

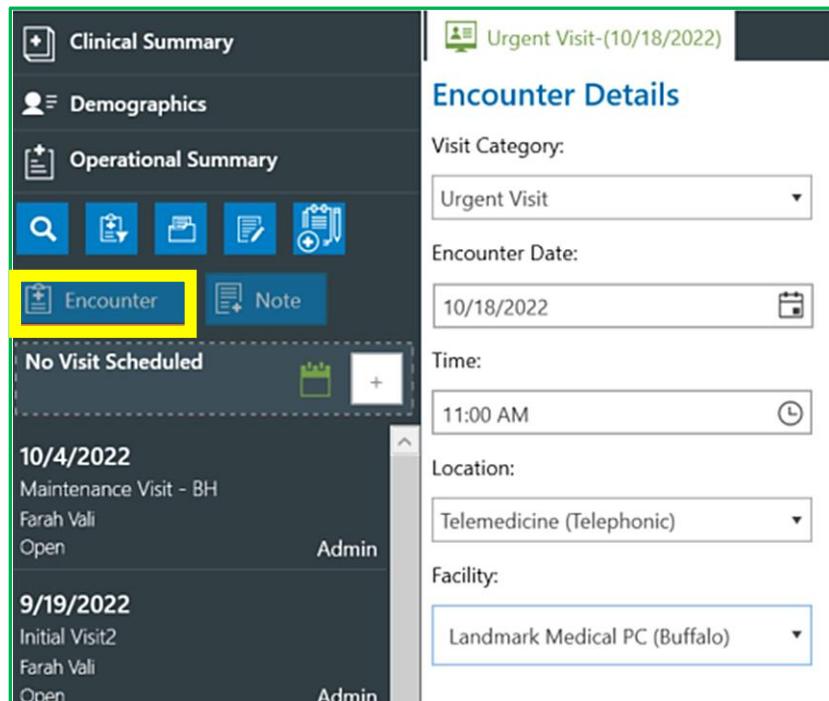
Landmark Medical of Cali ▾

Windows Taskbar icons: File Explorer, Google Chrome, Microsoft Edge, OneDrive, Task View, and others.

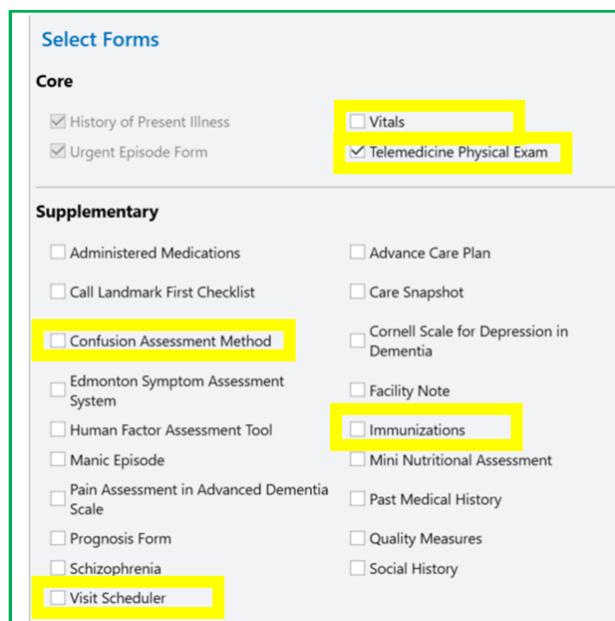
## Creating an Encounter for UEUV or Telephonic UV (TeleUV):

An encounter can be opened in Ubiquity from the left-side panel above recent notes:

- When prompted to select a location, do not select “Telemedicine Video”.
- The facility is auto-populated and should never be changed.



Similar to creating a note, you will need to add supplementary information to the encounter as well:



### Supplementary Checks:

- Telemedicine – Physical Exam
- Check “Visits” patient reports BP, Temperature, O<sub>2</sub>, Glucose, Pulse
- Check “Confusion Assessment Method” for patients with AMS.
- Check “Immunizations” if updating.
- Check “Visit Scheduler” if scheduling a visit or if the market needs to schedule.

You can go back to add supplementary checks if you discover more information.

**HPI:**

**Common Symptoms**  
--Select--

**Time Spent (in minutes)**

- <10    10-19    20-29    30-39    40-49
- 50-59    60+

**Post Discharge Visit**    Yes    No

**Medication Reconciliation**    Yes    No

**Reason**  
--Select--

**Medication Changes Made at this visit(e.g., dose adjustment, new prescription)\***

Yes    No

**Avoided Admission/ER Visit**

ER Avoidance    Acute hospital admission avoidance  
 Readmission avoidance    Behavioral or Psychosocial admission

Max character limit is 30,000.

< Prev   Next >   Discard Changes   Close   Save & Close   Save

**Assessment & Plan (A&P):**

**Add Problems**

Search    A-Z    Last Addressed    HCC

All   **Addressed (1/16)**

Last Addressed - 01/27/2023

**Diagnosis Profile** \*\*LM1 does not use Diagnosis Profile. This is generally used by the markets\*\*

**Assessment** stable   unstable   suboptimal   Improving

**Rationale**  previous diagnosis    lab result    physical exam    medication    history

**Plan**  continue therapy    modify therapy    patient education    followup PCP    followup specialist  
 social worker    pharmacist    dietician    behavioral health

**Plan Details** DM2, stable, A1C unknown. Will request records. Her PCP recently increased her glimepiride from 1 mg 1 tab daily to 1.5 tab daily. She continues on Metformin 500 mg BID. Encourage ADA diet, exercise.

< Prev   Next >   Discard Changes   Close   Save & Close   Save

**PCP Communication:**

#PCPCommunication MUST be used here

**PCP Phone Call**

Call Attempted?  Yes  No  
You should call PCP after every visit just to inform them of the pt's situation. This does not mean that you need to speak with them directly.

Name: [REDACTED]

Status:  Successful Call  Left Message  No Answer

**Specialist Phone Call**

Call Attempted?  Yes  No

Name: --Select--

Status:  Successful Call  Left Message  No Answer

< Prev Next > Discard Changes Close Save & Close Save

**PCP Communication (Call Attempted):**

- If “No”, then document why a call was not attempted. Examples include:
  - Holiday
  - Weekend
  - No PCP Listed
  - After Hours

Call Attempted?

Yes  No

Name: --Select--

Status:  Successful Call  Left Message  No Answer  
 Incoming Call  Email\Message

Date & Time

Enter date  Enter time

Notes

Afterhours call placed to PCP. Message left with answering service.

Call Attempted?

Yes  No

Name: --Select--

Status:  Successful Call  Left Message  No Answer  
 Incoming Call  Email\Message

Date & Time

Enter date  Enter time

Notes

Call placed, spoke with Dr Jones' nurse, Sandy, to notify pt started on abx for cellulitis. Requested office call pt for f/u appt.

< Prev Next > Discard Changes Close Save & Close Save

**Urgent Episode of Care:**

The screenshot shows the 'Urgent Episode' tab selected in the top navigation bar. A yellow arrow points to the 'Next visit in 8 to 10 days' checkbox. Below it, a section titled 'Follow-up items for longitudinal team:' contains a note: 'THIS IS WHERE YOU WOULD INDICATE THAT THE PT HAS GONE TO THE ER. Please f/u pt admission status. Please obtain/upload pt hospital record.' At the bottom, there are sections for 'IDT Referrals' and 'Urgentivist Extender' with dropdown menus, and a toolbar with icons for back, forward, discard changes, close, save & close, and save.

**Visit completed by:**

The screenshot shows the 'Visit completed by' screen. It includes fields for 'Who should communicate with patient next business day?' (Provider, NCM, No next day follow-up required), 'Recommended next provider Home Visit' (checkboxes for 2-4 days, 5-7 days, 8-10 days), and 'Follow-up items for longitudinal team' (text area: 'E.g., check wound for s/s of infection, additional lasix if dry weight > 200lbs, lung sounds, refer to VN'). Below these are 'IDT Referrals' checkboxes for Social Work, Behavioral Health, Dietician, Pharmacist, and Ambassador. A yellow box highlights the 'Urgentvisit Extender:' field and the 'Name of Agency:' field at the bottom.

**Do not fill in both text fields:**

- If a Landmark hired UE, leave the “Name of Agency” field blank.
- If a contracted agency, type the name of the agency, but leave the “Urgentivist Extender” field blank.

## TeleUV Physical Exam Form:

**Exam Limited by**

- Telephonic
- Video

**General Appearance**

- Normal – unable to visualize d/t telephonic assessment
- Abnormal

**Mental Status**

- Normal – speech clear, answering/asking questions appropriately, seemingly alert and oriented
- Abnormal

Picture – describe what the picture is that has been uploaded to pt's chart.

Notes – Respirations unlabored. No audible wheeze/cough noted during conversation. Pt able to complete full sentences without difficulty or shortness of breath. Speech clear and concise. Seemingly alert and oriented.

## Adding Medication Administration Forms to an Encounter:

[Link – Medication Administration and NDC Form Training](https://landmarkhealth.sharepoint.com/:p/r/sites/LM1APPS/_layouts/15/Doc.aspx?sourceid=%7BE8962AB4-A978-4102-8CC0-EFEF0CDEE50A%7D&file=Medication%20Administration%20and%20NDC%20training.pptx&action=edit&mobileredirect=true&DefaultItemOpen=1)

[https://landmarkhealth.sharepoint.com/:p/r/sites/LM1APPS/\\_layouts/15/Doc.aspx?sourceid=%7BE8962AB4-A978-4102-8CC0-EFEF0CDEE50A%7D&file=Medication%20Administration%20and%20NDC%20training.pptx&action=edit&mobileredirect=true&DefaultItemOpen=1](https://landmarkhealth.sharepoint.com/:p/r/sites/LM1APPS/_layouts/15/Doc.aspx?sourceid=%7BE8962AB4-A978-4102-8CC0-EFEF0CDEE50A%7D&file=Medication%20Administration%20and%20NDC%20training.pptx&action=edit&mobileredirect=true&DefaultItemOpen=1)

### 1. Open an encounter.

- Any supplementary form can be added to the encounter at any time by clicking the "Encounter Info" tab immediately under the patient's name.

BFBFB PMPMG (1811202), 65 yrs, (10/17/1957), Female, (331) 333-5131 | HTA (PPO) | Eligible | Winston-Salem | Risk - Complexivist | Acuity B-High | Full Code E

Urgent Visit-(8/1/2023)

**Encounter Details**

Visit Category:

Encounter Date:

Time:

Location:

Facility:

**Select Forms**

**Core**

History of Present Illness  Facility Note  Past Medical History  
 Surgical History  Social History  Vitals  
 Physical Exam  Assessment & Plan  Urgent Episode Form

**Supplementary**

Administered Medications  Advance Care Plan  Behavioral Health Risk Assessment  
 Call Landmark First Checklist  Care Snapshot  Clinical Decision Support  
 Columbia-Suicide Severity Rating Scale (C-SSRS)  Confusion Assessment Method  Diagnosis Assessment Tool  
 Edmonton Symptom Assessment System  Functional Status  Human Factor Assessment Tool

2. Two source options will be available on the form:

❖ **Landmark Stock:**

A medication was administered from your UE medication box.

*(Example – Administered an injection of Solu-Medrol)*

❖ **Patient Provided Medication:**

A medication from the patient's own stock was administered.

*(Example – extra dose of patient's furosemide)*

The screenshot shows a computer screen displaying a medical software application. At the top, there is a navigation bar with various icons and the text "AAAA AAADHDAM X". Below this is a patient summary box showing "AAAA AAADHDAM (1798687), 73 yrs, (9/29/1947), Female, (444) 444-4440 BCBSMA xxx1711107". Underneath the summary are tabs for "Encounter Info", "Progress Note", "HPI", "Social Hx", "Vitals", "PE", and "BHRA". The main area is titled "Point of Care". It has several input fields: a dropdown menu labeled "Source\*" containing "Landmark Stock" and "Patient Provided Medication" (which is highlighted with a yellow box); an "NDC\*" field with the value "00000-0000-00"; a "Units Administered" field; an "Administration Site" dropdown menu labeled "--Select--"; and a "Notes" text area. The entire "Source\*" dropdown menu is also highlighted with a yellow box.

**Landmark Stock:**

- ❖ Medication
- ❖ Required fields
- ❖ NDC
- ❖ Lot #
- ❖ Expiration Date
- ❖ Med Unit of measure
- ❖ Unit Administered
- ❖ Route (*required for some medications*)

Optional:

- ❖ Problems Addressed
- ❖ Notes

**Patient Provided Medication:**

- ❖ Medication
- ❖ Unit Administered
- ❖ Route (*required for some medications*)

Optional:

- ❖ NDC
- ❖ Lot #
- ❖ Expiration Date
- ❖ Problems Addressed
- ❖ Notes

### 3. NDC Documentation:

- After selecting a medication, the most common NDC will populate.
- You will need to verify this NDC is correct.
- If the NDC does not match up:
  - ❖ Select the correct NDC from drop down menu, or;
  - ❖ Type in the correct NDC.
- If the NDC is not listed on the medication package, select the default NDC.

#### **Additional Guidelines:**

- NDCs should be located on each medication:
- All NDCs are 11 digits:
  - ❖ 5-4-2 format.
  - ❖ Sometimes, the NDC on the medication doesn't include 11 digits and zeros need to be added.
    - XXXX-XXXX-XX = 0XXXX-XXXX-XX
    - XXXXX-XXX-XX = XXXXX-0XXX-XX
    - XXXXX-XXX-X = XXXXX-XXX-0X

#### Example – NDC Entries in Ubiquity

##### *NDC on the medication*

9877-2339-01

45534-843-03

35766-2443-1

##### *What to type in Ubiquity*

09877-2339-01

45534-0843-03

35766-2443-01

4. After all the information is entered, select the “+” to add the medication.

Entries can be edited and deleted using options to the right side of the medication name:

### **How do I document that I gave more than 1 medication to a patient?**

Selecting “+” will allow you to add additional medications.

### **How do I document that I gave 3 tablets of levofloxacin with the same lot number to a patient?**

Select the correct med unit of measure and type 3 under units administered.

## How do I document that I gave 3 tablets of levofloxacin with a different lot number to a patient?

The screenshot shows the 'Medication' section of the encounter chart. At the top, there's a search bar for 'Medication\*', a dropdown for 'Source\*', and fields for 'NDC\*', 'Lot#', 'Expiration Date', 'Date Administered', 'Med Unit Of Measure', 'Units Administered\*', 'Problems Addressed', 'Administered By', 'Route', and 'Administration Site'. Below this is a table listing medications administered. The first row is for 'LevoFLOXacin Oral 500 MG' with NDC 55111-0279-50, Lot# 12345, and Administered By Janelle Hazen. The second row is for another 'LevoFLOXacin Oral 500 MG' entry. A yellow box surrounds the entire medication entry area. In the bottom right corner of the table, there's a small 'Add' button (a plus sign inside a square). In the top right corner of the encounter header, there's a 'New' button (a plus sign inside a circle).

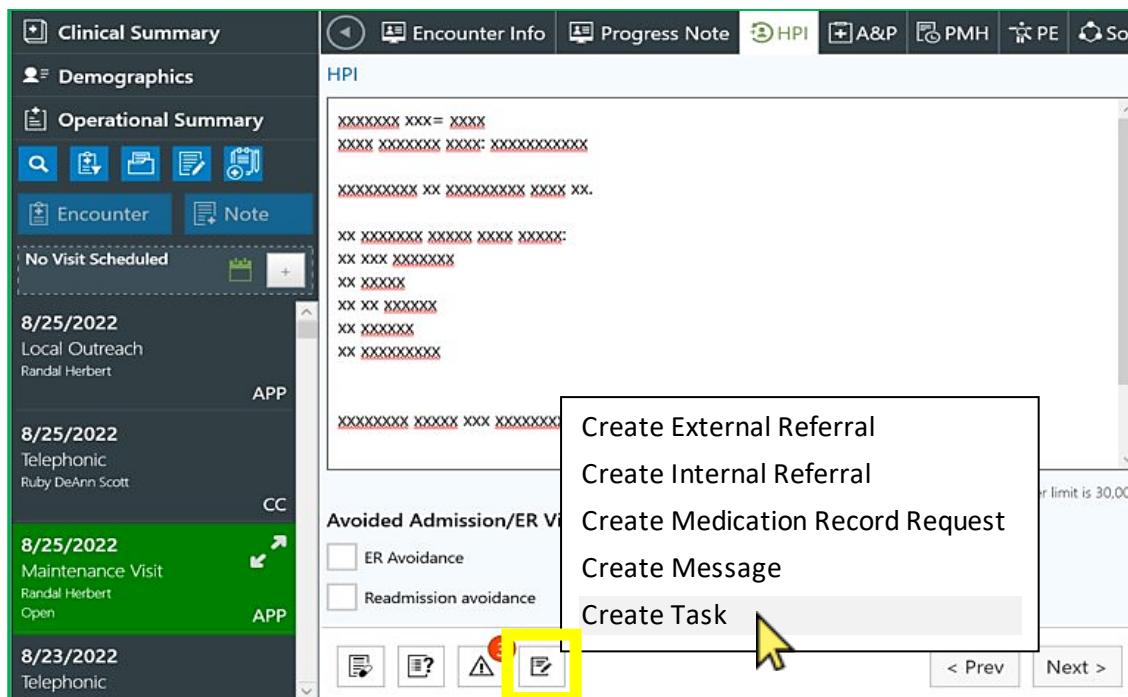
| Source         | Medication               | NDC           | Lot#  | Expiration Date | Date Administered | Med Unit Of Measure | Units Administered | Problems Addressed | Administered By | Route | Administration Site |
|----------------|--------------------------|---------------|-------|-----------------|-------------------|---------------------|--------------------|--------------------|-----------------|-------|---------------------|
| Landmark Stock | LevoFLOXacin Oral 500 MG | 55111-0279-50 | 12345 | 4/30/2021       | 4/12/2021         | Tablet              | 2                  | 0                  | Janelle Hazen   | Oral  | -                   |
| Landmark Stock | LevoFLOXacin Oral 500 MG | 65862-0536-50 | 67891 | 6/15/2025       | 4/12/2021         | Tablet              | 1                  | 0                  | Janelle Hazen   | Oral  | -                   |

### Can I edit the medications once the encounter is closed?

No, once the encounter is closed you will not be able to edit the medications administered to the patient. In order to edit the medications, an addendum must be submitted.

### How to Create a New Task:

1. Open an encounter in Ubiquity. From the options at the bottom of the window, select the 4<sup>th</sup> icon which resembles a document and pencil:



2. Complete the New Task form:

- The form will default to “Task”.
- Enter the UE’s name in the “Assigned To” box.
- Select “High” from the “Priority” dropdown menu.
- The “Date” field will default to the current date.
- Fill in the Subject.
- Input the #UEVORB Hash Key.

The screenshot shows the 'New Task' dialog box. It has two radio button options: 'Task' (selected) and 'Referral'. The 'Assigned To\*' field (labeled 'b') contains 'FirstName LastName'. The 'Priority\*' field (labeled 'c') is set to 'Medium'. The 'Due Date\*' field (labeled 'd') shows '4/5/2023'. The 'Subject\*' field (labeled 'e') contains '#UEVORB'. Below these fields is a 'Task Notes\*' section with a rich text editor toolbar (labeled 'f'). The notes area contains the text '#UEVORB'. A 'Link to a Reference' section shows a link to 'Maintenance Visit (08/25/2022)' with a delete icon. At the bottom right are 'Cancel' and 'Send' buttons.

- Complete the Hash Key Note.
- When finished, click “Send”.

This screenshot shows the 'Task Notes' window, which is part of the 'New Task' process. It includes a rich text editor toolbar (labeled 'g'). The notes area contains the following text:

```

Task Notes*
B I U E 
Date:
Time:
VORB:
Provider name and credentials (giving orders):
Given verbal order(s): Collect clean catch urine sample and perform urine dip stick. Transport UA sample to Lab for Urine CS. ICD10 Code-R30.0
UE name and credentials (receiving orders):
The patient's agreement to the delivery of these orders/treatment plan: Yes
The patient's response to the prescribed treatment:

```

At the bottom right are 'Cancel' and 'Send' buttons. A yellow circle labeled 'h' is positioned to the right of the 'Send' button.

The new task will link to the UEUV encounter and the UE will receive the task in their Ubiquity’s Task Inbox.

**Attention – Tasks Within Encounters**

Do not open a task outside of the encounter as it will not be sent to the UE.

# Creating & Using Hash Keys:

Hash Keys are used to assist with documentation:

- Hash Keys should be applied to all patient notes and encounters to improve documentation and patient outcomes.

## Shared Static and Dynamic Hash Keys:

Created by Landmark First leadership, most begin with "#LM1".

## Personal Static Hash Keys:

These hash keys are only able to be used by the creator, they all begin with "##".

A list of Static, Dynamic, and Personal Hash Keys can be found in Ubiquity:

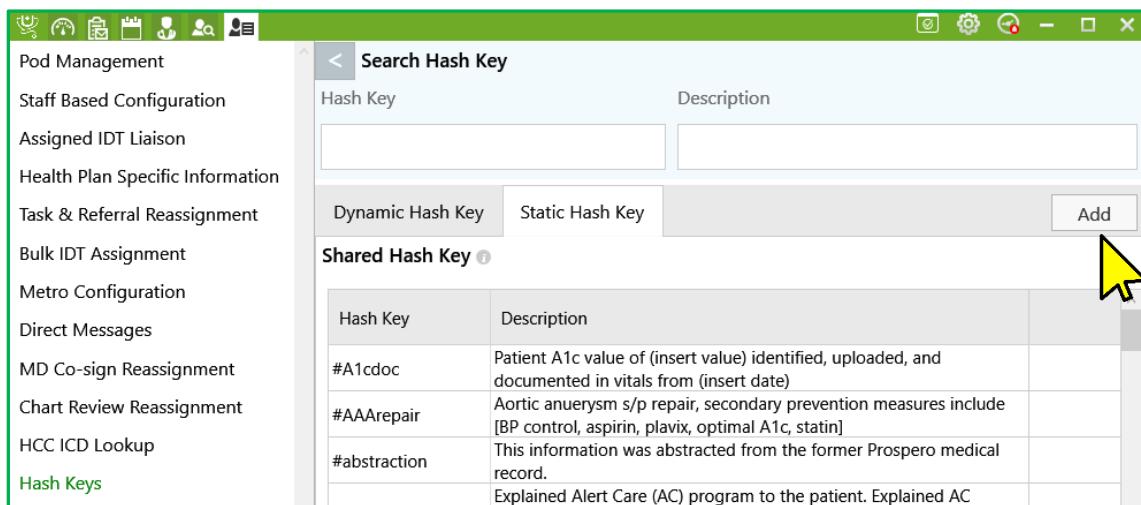
The screenshot shows the Ubiquity software interface. At the top, there is a green header bar with various icons. Below it, a main window titled 'Hash Keys' has a 'Signature' tab at the top left. In the center, there is a search bar with 'Hash Key' and 'Description' fields, and tabs for 'Dynamic Hash Key' and 'Static Hash Key'. Below this, there are two tables: 'Shared Hash Key' and 'Personal Hash Key'. The 'Shared Hash Key' table contains entries like '#ACLM1', '#LM1chaperone', and '#LM1Dorecautions'. The 'Personal Hash Key' table contains entries like '##LM1note'. A yellow arrow points to the 'Hash Keys' button in the top navigation bar.

## Create a Personal Hash Key:

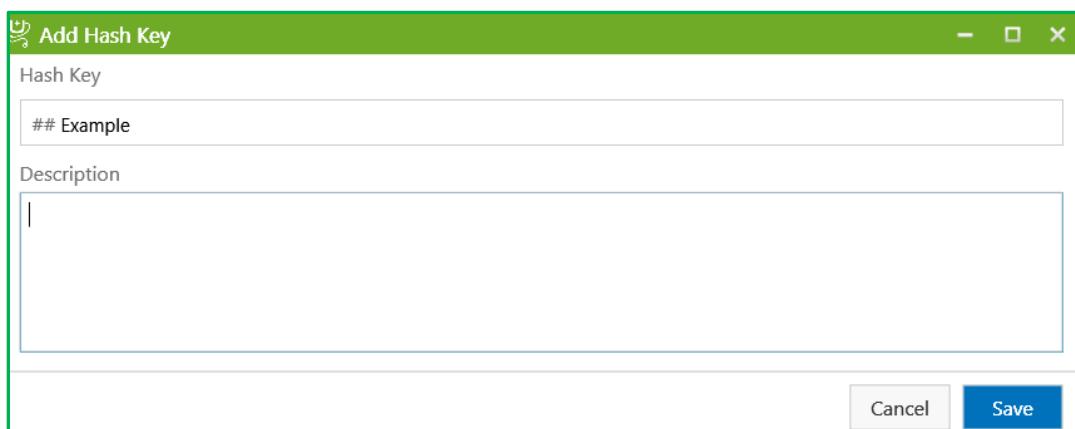
1. Select Hash Keys on the far-left side.

The screenshot shows the Ubiquity software interface. On the left, there is a vertical navigation menu with items like 'Pod Management', 'Staff Based Configuration', 'Assigned IDT Liaison', 'Health Plan Specific Information', 'Task & Referral Reassignment', 'Bulk IDT Assignment', 'Metro Configuration', 'Direct Messages', 'MD Co-sign Reassignment', 'Chart Review Reassignment', 'HCC ICD Lookup', 'Hash Keys', and 'Report History'. A yellow arrow points to the 'Hash Keys' button in the bottom navigation bar. The main area is titled 'Search Hash Key' and shows a table with columns 'Hash Key' and 'Description'. It includes tabs for 'Dynamic Hash Key' and 'Static Hash Key', and a 'Shared Hash Key' section. The table lists several hash keys with their descriptions.

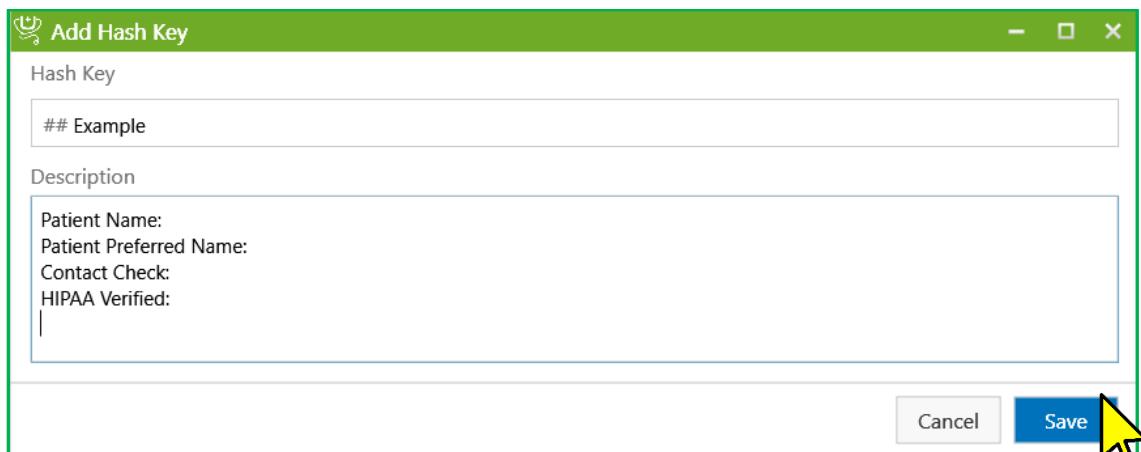
## 2. Select “ADD” on the right side:



## 3. Create your hash key title (this will always automatically begin with “##”)



## 4. Enter the text as it should be displayed when using the hash key. Click Save when finished:



To use a hash key in a note, begin typing “#” to view a list of Static / Dynamic hash keys and “##” to view a list of personal hash keys:

**Case Note**

#corona

- #coronavirus
- #confirmed
- #consents

**Did any of the following apply to this note?**

**Note Type**

- Call(s) completed
- Call(s) completed - Patient
- Call(s) completed - Family/friend
- Call(s) completed - Community Provider - PCP or Specialist
- Left VM

Selecting the correct option will auto-fill the note with the desired content:

**Case Note**

Coronavirus

1. Do you or anyone in your home have fever/chills, cough/sore throat, or SOB beyond what is typical?? {No/Yes}
2. Have you or any other persons in the home been Dx with COVID19 in the last 14 days {No/Yes}
  - { } Patient answers No to BOTH Coronavirus Risk Screening Questions.
  - { } Patient answers Yes to 1 or more questions. Escalated for clinical review

Don't forget to wear a mask during your upcoming Landmark visit.

**Did any of the following apply to this note?**

**Note Type**

- Call(s) completed
- Call(s) completed - Patient
- Call(s) completed - Family/friend
- Call(s) completed - Community Provider - PCP or Specialist
- Left VM

## Meaningful Touch

A meaningful touch is a successful and purposeful contact directly with a patient, family, or friend.

- Meaningful touches keep our patients actively engaged, which is the most effective way for us to influence their care.
- Meaningful touch documentation directly impacts patient retention and passive disengagement.
- When: Anytime s/w pt. or family member present with pt. that involved treatment, education, f/u communication.
- Why: Helps Markets keep track of how ALL team is actively engaging pt.



Link – Meaningful Touch Presentation

[https://landmarkhealth.sharepoint.com/sites/LM1clinicalleadership/Shared%20Documents/onboarding\\_APP/DAY%202%20Part%20III%20APP%20ONBOARDING/meaningful%20touch%20training.pdf](https://landmarkhealth.sharepoint.com/sites/LM1clinicalleadership/Shared%20Documents/onboarding_APP/DAY%202%20Part%20III%20APP%20ONBOARDING/meaningful%20touch%20training.pdf)



Link – Patient Retention Annual Training

[Patient Retention Refresher Training.pdf](#)

### Meaningful Touch Logic:

Meaningful touches are captured via completed notes:

- Users must select the following tags to properly document meaningful contacts.
- When completing a meaningful call with a patient, use the following:
  - Note Types:
    - Meaningful Touch (NEW)
    - Call(s) completed – Patient
- When completing a meaningful call with a patient's family member or friend, use the following:
  - Note Types:
    - Meaningful Touch (NEW)
    - Call(s) completed – Family / friend

- The “Meaningful Touch” tag must be checked for the note to be considered a meaningful touch.
- “Call(s) completed – Patient” or “Call(s) completed – Family/friend” tags alone will NOT count as a meaningful touch.
- Note Type : “Call(s) completed” or Contact Type: “Patient” or “Family/Friend” will NOT count as a meaningful touch.
- The Meaningful Touch tag should only be used in cases where there was a successful contact with a patient, family or friend.

**Select Forms**

**Core**

Case Note

**Supplementary**

|                                                                   |                                                                          |
|-------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Advance Care Plan                        | <input type="checkbox"/> Behavioral Health Risk Assessment               |
| <input type="checkbox"/> Call Landmark First Checklist            | <input type="checkbox"/> Columbia-Suicide Severity Rating Scale (C-SSRS) |
| <input type="checkbox"/> Cornell Scale for Depression in Dementia | <input type="checkbox"/> Functional Status                               |
| <input type="checkbox"/> Health Risk Assessment NYC               | <input type="checkbox"/> Historical Screenings                           |
| <input type="checkbox"/> Human Factor Assessment NCQA             | <input type="checkbox"/> Human Factor Assessment Tool                    |
| <input type="checkbox"/> Human Factor Survey (Non-NCQA)           | <input type="checkbox"/> Immunizations                                   |
| <input type="checkbox"/> MAHC 10 - Fall Risk Assessment Tool      | <input type="checkbox"/> Manic Episode                                   |
| <input checked="" type="checkbox"/> Meaningful Touch              | Opioid Risk Assessment                                                   |

### Successful Contacts Should Be:

- Meaningful in nature which would include completed conversations with a patient, family, or friend.
- Significant touch and more than a pure reminder call.
- Where we are giving or receiving information to determine course of care for the patient, providing health/wellness education and identifying patient needs.

**Note Type**

|                                                                                     |
|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Call(s) completed                                          |
| <input checked="" type="checkbox"/> Call(s) completed - Patient                     |
| <input type="checkbox"/> Call(s) completed - Family/friend                          |
| <input type="checkbox"/> Call(s) completed - Community Provider - PCP or Specialist |
| <input type="checkbox"/> Left VM                                                    |
| <input type="checkbox"/> No Answer                                                  |
| <input type="checkbox"/> Wrong Number                                               |
| <input type="checkbox"/> Meaningful Touch <small>?</small>                          |

**Contact Type**

|                                             |
|---------------------------------------------|
| <input checked="" type="checkbox"/> Patient |
|---------------------------------------------|

## Meaningful Touch FAQ:

**1. Do I need to create multiple notes if I complete multiple contacts for the same patient in one day?**

No, you should continue to combine all contacts associated with the same patient in a day into one note as long as you check the correct tags / note types.

**2. If I complete multiple meaningful contacts with a patient in one day, do they count as multiple touches?**

No, only one note per patient will count towards the touch logic per day (regardless of the number of tags).

**3. Do contacts with community providers, PCP or specialist count as meaningful touches?**

No. Although these external contacts are critical for taking care of our patients, they are considered a part of case management and do not count as meaningful patient touches.

**4. Do reminder calls count as meaningful touches?**

- A pure reminder call to a patient is not considered a meaningful touch.
- A pure reminder call should be documented using the “Reminder/confirmation call” tag (but not the “Meaningful Touch” tag).
- However, if you had a substantial and meaningful conversation with the patient or family/friend about care in addition to the upcoming visit reminder, this contact would count as a meaningful touch.
  - Please use the “Meaningful Touch” tag along with any other tags that reflect your contact (flu education, tuck in call, care plan updated, referral, etc.).

## Offline Documentation

Documentation **MUST** be completed for every call regarding our patients. This means that any service or connectivity interruptions in Ubiquity **DOES NOT ABSOLVE** any LM1 employee from the responsibility of documenting.

To that end, there are offline documentation resources available to use if Ubiquity ever goes offline.

### Where to Locate Offline Forms:

- Use the following link to download the Offline Triage Form Folder on the Knowledge Base:
  - A new copy of the tracker should be downloaded each time Ubiquity is offline.

The screenshot shows a SharePoint interface for a 'Knowledge Base' library. At the top, there's a blue header bar with a link icon and the text 'Link – Offline Triage Forms Folder'. Below this is a white navigation bar with a 'SharePoint' logo, a search bar, and a 'Search this library' button. The main content area has a dark header with a 'Home' icon and the text 'Knowledge Base'. It includes a green navigation bar with buttons for '+ New', 'Upload', 'Edit in grid view', and more options. Below this, a breadcrumb trail shows the path: '... > Clinical Documents > Offline Documenting'. The main list displays two items: 'LM1 clinical staff Offline Triage Form.docx' and 'Offline RN Triage Form.docx'. Both files are marked as modified and have a small green checkmark icon next to them.

| Name                                        | Last Modified     |
|---------------------------------------------|-------------------|
| LM1 clinical staff Offline Triage Form.docx | 42 minutes ago    |
| Offline RN Triage Form.docx                 | A few minutes ago |

The screenshot shows a SharePoint library titled "Knowledge Base". Inside the library, there are two files: "LM1 clinical staff Offline Triage Form" and "Offline RN Triage Form". A context menu is open over the first file, listing options such as Open, Preview, Share, Copy link, Manage access, Delete, Automate, Favorite, Download, and Rename. The "Download" option is highlighted with a yellow arrow pointing to it.

- Right click on the appropriate file and download it to your desktop.

❖ By default, the file will appear in your system's "Downloads" folder.

- Use template each time a call is received whenever Ubiquity is down.
- Manage similarly to Urgent care / ER model.  
*(You know nothing about the patient and must obtain all of their pertinent information)*
- No medical history or medical records to review.
- When Ubiquity is back online you will:
  - Place yourself in documenting status.
  - Copy and paste notes in charts.

The screenshot shows a Windows File Explorer window with the path "This PC > Downloads". The "Downloads" folder is expanded, showing its contents. Inside the folder are two files: "Offline RN Triage Form" and "LM1 clinical staff Offline Triage Form". Both files have a blue "W" icon, indicating they are Word documents.

# APC Ordering Labs and Diagnostics

## Considerations:

- Landmark cannot draw or complete orders that were given by community providers (ex: specialist or PCP).
- It is appropriate to order labs IF they are pertinent to that UEUV but need to keep in mind:
  - Will ordering the labs / imaging or results change the outcome for the patient?
  - Keep in mind that even if ordered STAT, results often take more than 24 hours to be received by Landmark.
- LM1 APCs do not order routine labs.

### Attention – Assessing Patient Need

If you feel that an order needs to be completed STAT, the patient likely needs to be seen in urgent care or ER.

## Diagnostics:

- In-home diagnostics are very poor quality.
- In-home imaging may not be available due to geography and / or the number of steps into the patient's home (cannot be more than 3 or 4 depending on the company).
- If not emergent and the patient is able to ambulate, consider sending an order to the local imaging center.
- If diagnostics indicated:
  - Coordination with the market is necessary. You will need to provide them with the following: Indication / ICD10, Provider NPI#, specify mobile v. imaging center.
  - ***During Business Hours:***  
The request should be placed in the appropriate UEUV thread (where the visit was initially requested/scheduled)
  - ***After Business Hours:***  
collaborate with on call provider

# Using the Quest Lab Portal

## Links & Resources:

 Link – Quest Portal

<https://www.questdiagnostics.com/>

 Link – Quest Portal Training Video

[LM1 Quest Training complete.mp4](#)

 Link – Quest Portal Training Attestation

<https://forms.office.com/Pages/ResponsePage.aspx?id=AeMqzqu1Qkm-ZInpHCG1XT0L6Vew3GROkxMc7uxzdRUNThWS0hLUVNPTzdTQ0M1WDZOV1FJRjVYVS4u>

 Link – Specimen Collection Policy

[Lab Specimen Collection FINAL 6-16-2023.pdf](#)

 Link – Specimen Handling

[lab specimen handling policy FINAL 6-16-2023.pdf](#)

 Link – Critical Results Review

[Critical Lab Results FINAL 6-16-2023.pdf](#)

## Portal Navigation & Operations:

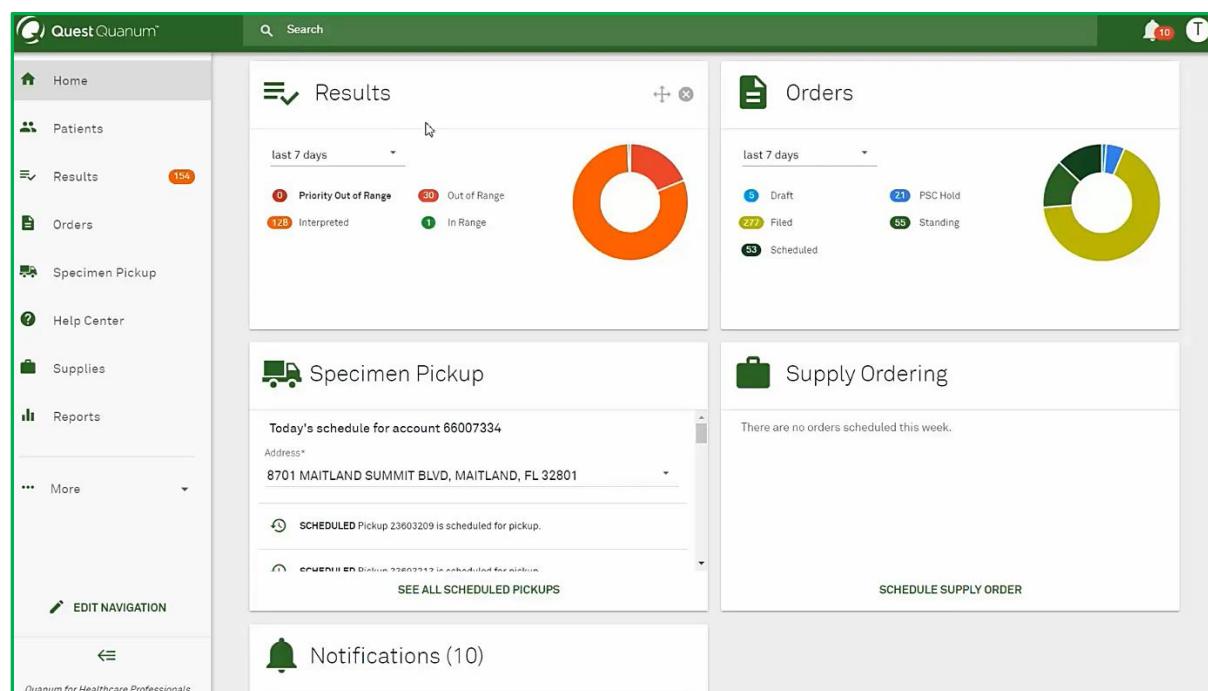
Use the Quest Lab Portal if Quest is a resource available in the patient's market:

- If the Quest Lab Portal is **NOT** available, then follow the process below:

### ***During Business Hours, After Hours, Holidays, and Weekends:***

- Collaborate with the UE to determine if there are lab drop off locations outside of normal business hours prior to collecting the specimen.
- Provide information to the UE for requisition form:
  - Provider Name and Title
  - ICD10 Code
  - Test Name

## Dashboard:



Use the dashboard to view metrics of recent orders.

- Use the quick links to view result details.
- View scheduled specimen pickups and orders.
- View recent lab notifications.

**Find a Patient:**

1. Use the search bar at the top of the window, or the “Patients” option from the menu on the left.

2. Locate the patient from the search results provided:

- a. You can also add new patients by clicking the “Add New Patient” button to the right.
- b. Click the three (3) vertical dots to the far right of the patient’s name to start a new order.
- c. Click the patient’s name to view a patient details screen,

| Details                                                   | DOB        | Sex | Tel            |
|-----------------------------------------------------------|------------|-----|----------------|
| Patient, Tracking<br>4321 Main St., Wallingford, CT 06495 | 06/06/1966 | F   | (777) 7        |
| Patient, History<br>1234 Main St., Wallingford, CT 06495  | 01/01/1977 | F   | (555) 555-1212 |
| Test, Patient<br>123 Test Lane, Detroit, MI 48221         | 12/16/1980 | F   | (555) 555-5555 |
| Test, Patients<br>123 Nowhere Lane, TN 37202              | 01/01/1970 | M   | (555) 555-1212 |

**Patient Details:**

Contact and demographic information can be found in the details pane.

- If a patient's demographic / contact information changes, it can be edited by clicking the pencil icon to the right.

By scrolling down this window, you can view the patient's:

- Billing
- Specific Diagnosis
- Patient Comments
- Lab Orders
- Results
- Patient Tracking

The screenshot displays two windows of a medical charting application.

**Top Window (Patient, Tracking):**

- Patient Information:**
  - CONTACT & REFERENCE INFORMATION:**
    - Contact Information: Primary Phone (777) 777-1212 (Mobile), Secondary Phone (777) 777-1212 (Home).
    - Address: 4321 Main St., Wallingford, CT 06495
  - Reference Information:** Health ID: 8573018831152311
- BILLING INFORMATION:**
  - Bill Type: Patient Bill
  - Guarantor Information: Name: Patient, Tracking, Sex: F, Relationship to Patient: Self

**Bottom Window (Patient, Tracking):**

- Requisition Number:** 0000406 | **Tests Ordered:** 31789 - Homocysteine
- Order Status:** A timeline shows the status of the lab order: Pending, Received, Processing, and Reported (02/07/2018 14:25:00). A yellow circle with the letter 'a' and a pencil icon is positioned above the timeline.
- Show Details:** A button at the bottom left of the window.

PRACTICE RESULTS EXTENDED RESULTS

Start Date: 02/04/2018 End Date: 02/08/2018 1-2 of 2

HOMOCYSTEINE FINAL 02/07/2018 02:25PM OUT OF RANGE

HOMOCYSTEINE FINAL 02/05/2018 12:16PM OUT OF RANGE

Don't see the results you're looking for? Try extending your search across your region.

EXTENDED SEARCH

Lab Orders

## Starting a New Order:

Click the “Start New Order” button.

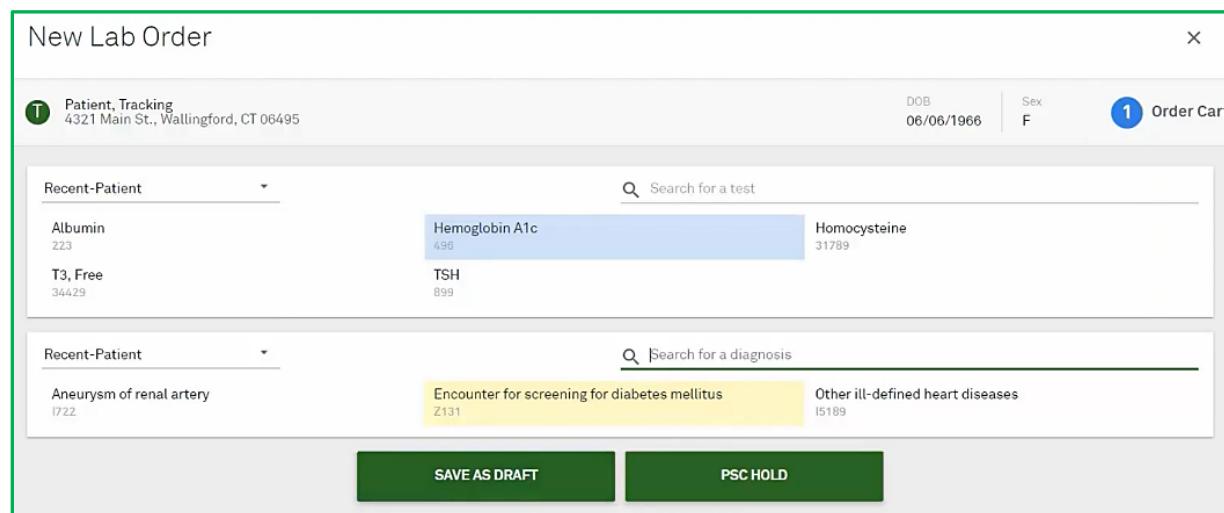
+ START NEW ORDER

DOB: 06/06/1966 Sex: Female

Secondary Phone: (777) 777-1212 Type: Home

Fill out the information on the provided form:

- You can select a test or diagnosis from a list of recent options or use the search bar in each category to locate the desired listings.
- If you need to step away from the order, click the “SAVE AS DRAFT” button located at the bottom of the form.
- If the patient is visiting a Quest facility, select the “PSC HOLD” button.
- The selected items will be added to the patient’s cart.



New Lab Order

Patient Tracking  
4321 Main St., Wallingford, CT 06495

DOB: 06/06/1966 | Sex: F | Order Cart (1)

**Recent-Patient**

|                   |                       |                       |
|-------------------|-----------------------|-----------------------|
| Albumin<br>223    | Hemoglobin A1c<br>496 | Homocysteine<br>31789 |
| T3, Free<br>34429 | TSH<br>899            |                       |

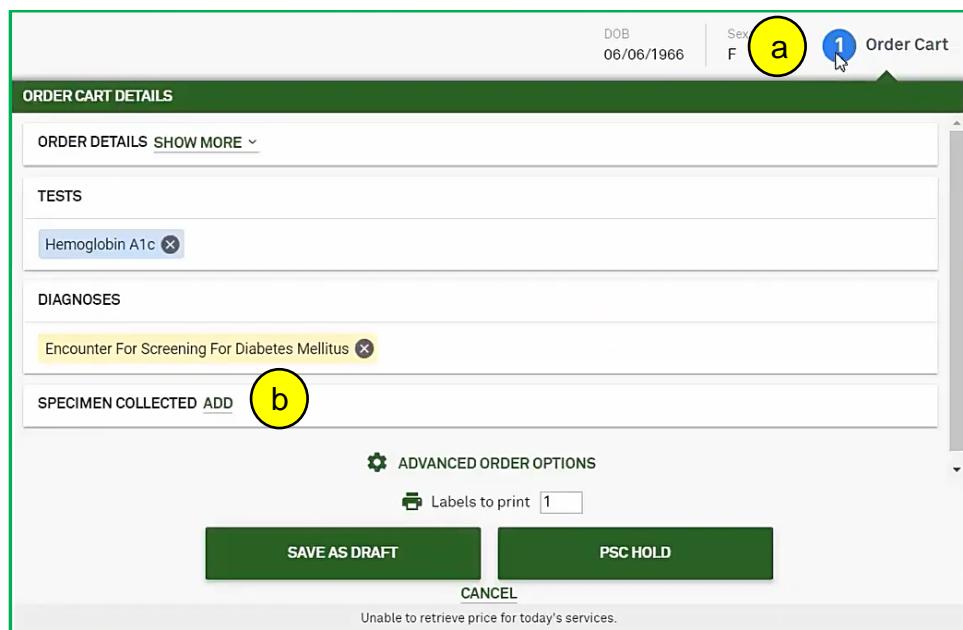
**Recent-Patient**

|                                  |                                                       |                                           |
|----------------------------------|-------------------------------------------------------|-------------------------------------------|
| Aneurysm of renal artery<br>I722 | Encounter for screening for diabetes mellitus<br>Z131 | Other ill-defined heart diseases<br>I5189 |
|----------------------------------|-------------------------------------------------------|-------------------------------------------|

**Buttons:** SAVE AS DRAFT | PSC HOLD

If the sample is being collected in the patient’s home:

- Select the patient’s cart.
- Choose the “SPECIMEN COLLECTED ADD” option.



Order Cart Details

ORDER DETAILS SHOW MORE ▾

TESTS

- Hemoglobin A1c

DIAGNOSES

- Encounter For Screening For Diabetes Mellitus

SPECIMEN COLLECTED ADD **b**

**a** Order Cart (1)

**ADVANCED ORDER OPTIONS**

Labels to print

**Buttons:** SAVE AS DRAFT | PSC HOLD | CANCEL

Unable to retrieve price for today's services.

- c. You will be prompted to select specific dates for specimen collection. When finished, click the “DONE” button to return to the patient’s cart.

The screenshot shows a mobile application interface for entering specimen collection details. At the top, it displays the patient's information: DOB 06/06/1966, Sex F, and a cart icon showing 1 Order Cart. Below this is a header titled "Specimen Collected Details". A "CLEAR FIELDS" button is located in the top right corner. The form contains several input fields: "Collected Date\*" with the value "2/12/2018", "Time" with a dropdown menu showing "pm", "Total Volume (ml)" with a blank field, "Duration (hrs)" with a blank field, and a dropdown menu for "Fasting" set to "Fasting". At the bottom is a large green "DONE" button with a cursor icon pointing to it.

- d. If you are finished with the order, click the “SUBMIT” button.

The screenshot shows the "Order Cart Details" screen. At the top, it displays the patient's information: DOB 06/06/1966, Sex F, and a cart icon showing 1 Order Cart. Below this is a section titled "ORDER CART DETAILS" with a "SHOW MORE" link. Under "TESTS", there is a list item "Hemoglobin A1c" with a delete icon. Under "DIAGNOSES", there is a list item "Encounter For Screening For Diabetes Mellitus" with a delete icon. Under "SPECIMEN COLLECTED EDIT", it shows "Collected 2/12/2018.". At the bottom, there are three buttons: "SAVE AS DRAFT" (disabled), "SUBMIT ORDER" (highlighted with a cursor icon), and "CANCEL". Above the "SUBMIT ORDER" button is a label "Labels to print" with a dropdown menu showing the value "1".

- e. You can keep track of submitted orders via the patient details pane or from the "Orders" tab on the left.

The screenshot shows the Quest Quanum software interface. The top navigation bar includes the Quest Quanum logo, a search bar, and links for Home, Patients, Results (with a red notification badge), Orders, Feedback, Specimen Pickup, Help Center, and More. The 'Orders' tab is currently selected. The main content area is titled 'Lab Orders' and displays two tabs: 'PRACTICE ORDERS (64)' and 'EXTENDED ORDERS'. Below these tabs is a 'Filter By' section with fields for Patient Name and a dropdown menu. A specific order is highlighted, showing details like Requisition Number 0000443, Tests Ordered (496 - Hemoglobin A1c), and Order Status (Pending). A timeline below the status shows the order's progress from Pending to Received, Processing, and Reported. A 'SHOW DETAILS' button is also present. A context menu is open over the order status bar, with the 'Edit Req' option highlighted.

### Edit or Cancel a Lab Order:

To edit or cancel a lab order, locate the order listing and click the three (3) vertical dots located to the far right of the order name. This will open the appropriate options menu.

The screenshot shows the Quest Quanum software interface. The top navigation bar includes the Quest Quanum logo, a search bar, and links for Home, Patients, Results (with a red notification badge), Orders, Feedback, Specimen Pickup, Help Center, and More. The 'Orders' tab is currently selected. The main content area is titled 'Patient, History' and displays a list of orders. One order for Requisition Number 0000442 is selected, showing Tests Ordered (483 - Glucose; 496 - Hemoglobin A1c; 334 - Cholesterol, Total; 608 - HDL Cholesterol; 896 - Triglycerides; 829:). The Order Status shows a timeline from Pending to Reported. A context menu is open over the order status bar, with the 'Edit Req' option highlighted.

## View Lab Results:

Selecting the “Results” tab on the menu to the left will show the most recent seven (7) results obtained that you ordered. You can also search for specific results if they are not found in this list.

Click on any result to view it:

| Test / Result Type | Parameter(s)                                                                            | Status | Date               |
|--------------------|-----------------------------------------------------------------------------------------|--------|--------------------|
| TEST, PATIENTZ     | TSH                                                                                     | FINAL  | 02/11/2018 04:06PM |
| PATIENT, HISTORY   | CHOLESTEROL, TOTAL; DIRECT LDL; GLUCOSE; HEMOGLOBIN A1c; HDL CHOLESTEROL; TRIGLYCERIDES | FINAL  | 02/11/2018 03:34PM |

The Extended Results tab can be used to find lab results that were requested by providers who are not employed by Landmark:

Out of range results will appear at the top of this section.

**PATIENT HISTORY ▲**

**CHOLESTEROL, TOTAL** (FINAL) Lab: NL1

| Analyte                     | Value | Reference Range |
|-----------------------------|-------|-----------------|
| CHOLESTEROL, TOTAL (2093-3) | 206 H | <200 mg/dL      |

**DIRECT LDL** (FINAL) Lab: NL1

| Analyte              | Value | Reference Range |
|----------------------|-------|-----------------|
| DIRECT LDL (18262-6) | 108 H | <100 mg/dL      |

**Cardiovascular Disease – A Comprehensive Approach to Manage the Risks of Cardiac Events**  
Dr. Cesar Molina, Heart and Vascular Associates, Mountain View, California discusses the significance of residual risk and outlines how a more comprehensive approach to patient management, beyond a single focus on reducing LDL-C, can reduce clinical events in at-risk populations.  
[View More](#)

**Author:** Molina, Cesar, MD  
Medical Director  
South Asian Heart Center  
El Camino Hospital  
Mountain View, CA

**Atherosclerotic Cardiovascular Disease (ASCVD) Risk Calculator**  
This Risk Estimator enables health care providers and patients to estimate 10-year and lifetime risks for atherosclerotic cardiovascular disease (ASCVD), defined as coronary death or nonfatal myocardial infarction, or fatal or nonfatal stroke, based on the Pooled Cohort Equations and lifetime risk prediction

Results may be viewed in a range to allow comparisons between the current results with previous recorded data:

**PATIENT HISTORY ▲**

**CHOLESTEROL, TOTAL** (FINAL) Lab: NL1

Note: Data displayed only for results that meet strict identification matching. Historical result view may vary based on corrected or updated patient demographics. The reference range displayed may vary due to potential changes in laboratory testing methods. Please refer to the published reference range on each lab report.

**CHOLESTEROL, TOTAL** <200 mg/dL

From 02/05/2018 To 02/12/2018 APPLY TO ALL

1w 1m 6m 1y Reset

5. Feb 6. Feb 7. Feb 8. Feb 9. Feb 10. Feb 11. Feb 12. Feb

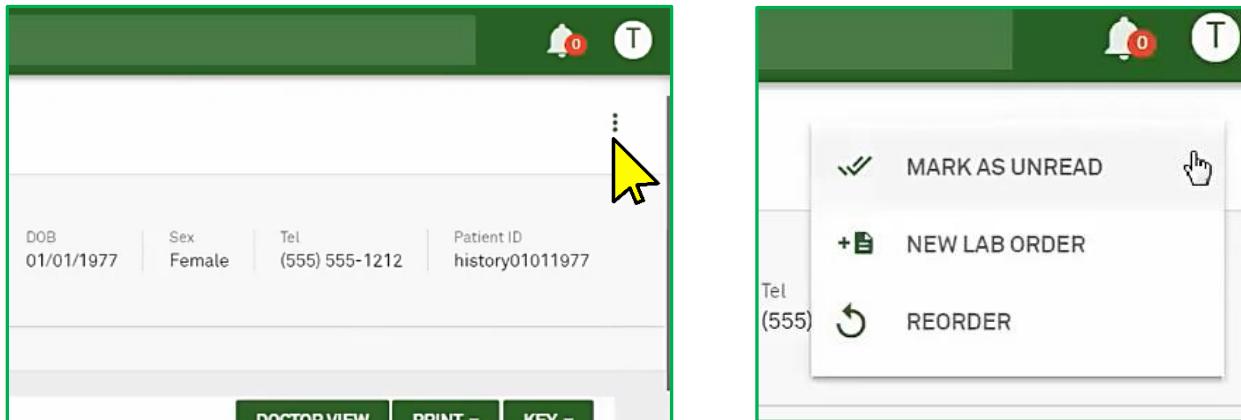
104 208

5. Feb 6. Feb 7. Feb 8. Feb 9. Feb 10. Feb 11. Feb 12. Feb

Jan '16 Jul '16 Jan '17 Jul '17 Jan '18

**DIRECT LDL** (FINAL) Lab: NL1

If additional testing is necessary, click on the three (3) vertical dots at the top-right of the results page to submit an order.



# Trident Care Referral Response

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## Links & Resources:

 Link – Trident Portal

<https://connectonline.tridentcare.com/>

 Link – Trident Portal Tutorial Video

[Tridentcare video-20220317\\_215549-Meeting Recording.mp4](#)

 Link – APC Trident Referral Response

[LM1 APP Process for responding to Trident Care referrals.pdf](#)

 Link – APC Trident Referral Response

[Triage RN Process for responding to Trident Care referrals.pdf](#)

Those with accounts will need to log in once weekly to Tridentconnect to keep their account active.

## Referral Response Procedure & Portal Navigation:

Trident referral notifications may be received through the Interactions pane in Genesys. Like triage emails, they will first ring as an incoming notification which must be answered within 15 seconds.

The screenshot shows the Genesys Interactions pane. On the left, under 'Conversations', there is a blue-highlighted message from 'as@ceas.us' in the 'LM1 PCC Queue'. The message subject is 'New Message From Elation Answer' and it was sent 4 minutes ago. On the right, the message content is displayed: 'TridentCare Result Notification' from 'noreply@tridentcare.com' dated Tuesday, March 15, 2022, at 22:48:02 GMT-0700 (Pacific Daylight Time). The message body states: 'A Report has been faxed to your facility that may need your immediate attention, LANDMARK HEALTH - LOS ANGELES unit/wing/floor: ALL, for Claim Number 36650572. Please check your fax machine or go online to review the report. If your facility is not set up for online access, please reach out to your Account Manager for assistance.' It includes a link: <https://connectonline.tridentcare.com>.

### During Business Hours (8:30 AM – 5:00 PM Local Time)

Complete a note in Ubiquity with the following:

- “Imaging Results Received – Uploaded to Ubiquity”
- “Will defer to Market Team to follow-up”

The patient's Market Team will then be notified by the Notes Report data and follow up with the patient.

**After Business Hours (5:00 PM – 8:30 AM Local Time)**

Locate and copy the Claim Number noted in the referral:

**TridentCare Result Notification**

From: [noreply@tridentcare.com](mailto:noreply@tridentcare.com)  
 Sent: Tue Mar 15 2022 22:48:02 GMT-0700  
 (Pacific Daylight Time)  
 To: [inlandempiretriage@incontactemail.com](mailto:inlandempiretriage@incontactemail.com)  
 Subject: TridentCare Result Notification  
 A Report has been faxed to your facility that may  
 need your immediate attention, LANDMARK  
 HEALTH - LOS ANGELES unit/wing/floor: ALL, for  
 Claim Number **36650572**. Please check your fax  
 machine or go online to [review the report](#). If your

Open the Trident Portal and select the correct market from the drop-down “Customer” menu:

**Customer:** LANDMARK HEALTH - LOS ANGELES, CERRITOS, CA (ACCT: 49723)

- Facility
- LANDMARK HEALTH
- LANDMARK HEALTH - BLUE ASH
- LANDMARK HEALTH - LOS ANGELES
- LANDMARK HEALTH - MI
- LANDMARK HEALTH - SOUTH SAN FRANCISCO
- LANDMARK HEALTH OREGON
- LANDMARK MEDICAL

Paste the Claim Number into the Order Number search field and click the “Search Orders” button:

**Order No:** 36650572

**Search Orders**

From the result that displays below the search fields, you can view imaging results, the type of labs requested, and the order's current status.

- Note the patient's name and DOB
  - Ensure that you can locate the patient in Ubiquity.
  - Review recent Notes and information.

The screenshot shows the TridentConnect software interface. At the top, there is a navigation bar with links for 'Results/Orders', 'Customer Support', 'Management Reports', 'Sign Out', and 'User Settings'. Below the navigation bar, there is a search bar with the placeholder 'Place an Order' and a dropdown menu set to 'Customer: LANDMARK HEALTH - LOS ANGELES, CERRITOS, CA (ACCT: 49723)'. To the right of the search bar is a 'Contact Account Manager' link. The main area is titled 'Search for Orders/Results by...' and contains several search filters: 'Patient Name: ENTER PATIENT I', 'DOB:', 'MRN:', 'Order No: 36650572', 'Exam Type:', 'Start DOS:', 'End DOS:', 'DOS Period:', and 'Extended Search' and 'Clear Search' buttons. Below the filters, a table titled 'Search results for Order No. 36650572' is displayed. The table has columns for Order No., Patient Name, DOB, DOS, Priority, Status, Exam Type, Exam Description, Image, Result, Delivery, and Document. A single row is shown for the order: Order No. 36650572, Patient Name GEMELLI, MYRNA, DOB 01/01/1941, DOS 03/15/2022, Priority ROUTINE, Status COMPLETED, Exam Type RADIOLOGY, Exam Description XRAY CHEST 2 VIEW, and icons for Image, Result, Delivery, and Document. The 'Result' icon is highlighted with a yellow box.

You will now need to download the result to your computer and upload it to Ubiquity's "Documents" section.

Click the option to view the result. It will then open in a new tab.

This screenshot shows a close-up of the search results table from the previous screenshot. The 'Result' column header is highlighted with a yellow box. The table row for Order No. 36650572 is visible, showing the 'Result' icon, which is also highlighted with a yellow box.

Save the result to your computer:

- Please save this document to a folder you will remember and have easy access to as it will need to be referenced in the next step.

**If Opened in Chrome:**

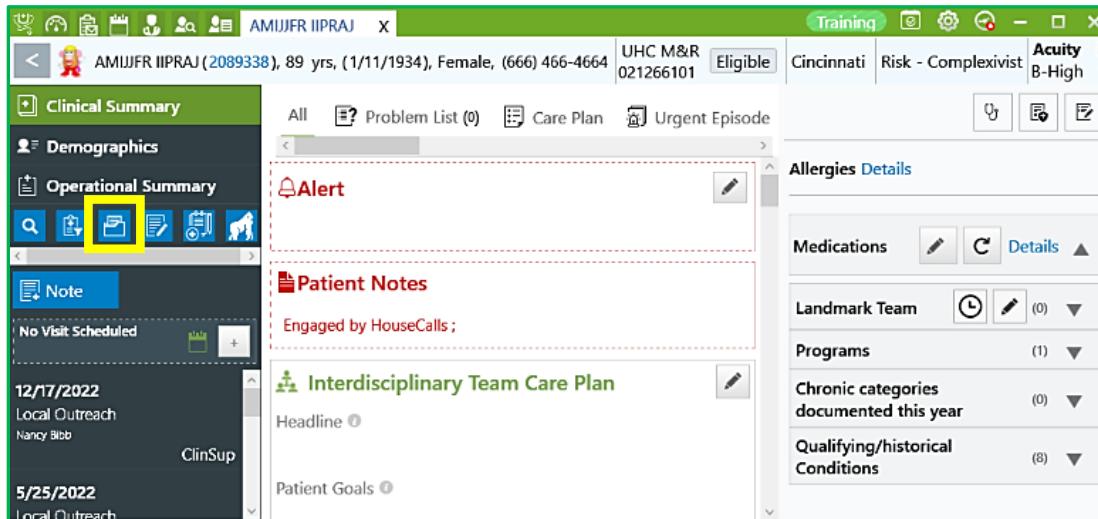


**If Opened in Microsoft Edge (default on Optum devices):**

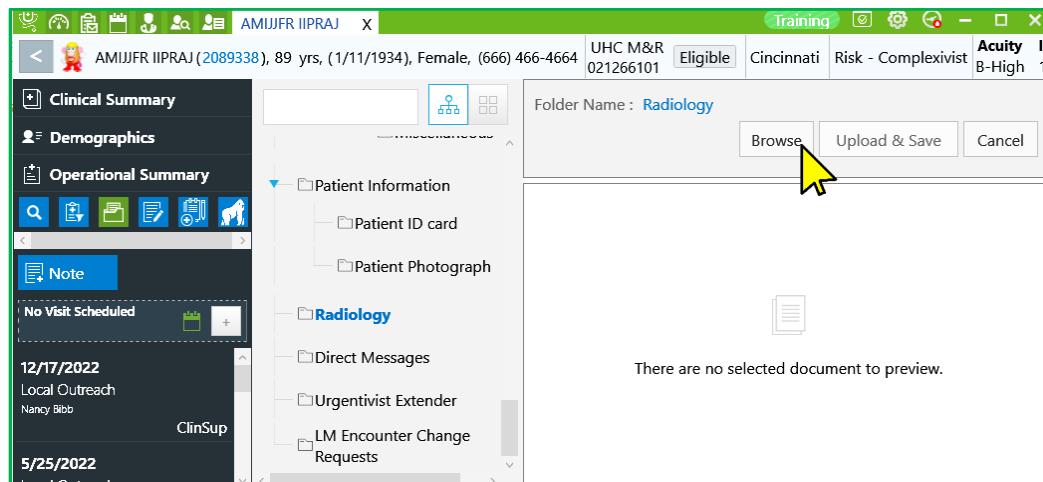


Once saved, upload the results to the “Documents” section.

- Once the patient’s chart is opened, click the “All Documents” icon above the Notes and Encounter Listings.



- Navigate to the “Radiology” folder and upload the saved lab results to Ubiquity.
  - Click “Browse” and locate the results file stored on your computer.
  - Once uploaded, a preview will appear in the Radiology folder.
  - If you are satisfied with your upload, click “Upload & Save.”



## Next Steps:

Once the results are uploaded to Ubiquity, call the patient to reassess symptoms and make a plan of care:

- Follow the Receiving Triage Emails Through Genesys guidelines for accepting the email, setting the appropriate statuses, contacting the patient, and follow-up documentation.

# Health Gorilla

## Links & Resources:

 Link – Health Gorilla Provider Portal

<https://www.healthgorilla.com/login>

 Link – Health Gorilla Login Instructions (Attestation)

<https://forms.office.com/Pages/ResponsePage.aspx?id=AeMqzqu1Qkm-ZInpHCG1XT0L6Vew3GROkxMc7uxzdzRUNFpRTkZEWkdLR1FSSIZVVVRIOVhPSjNEMy4u>

## Overview:

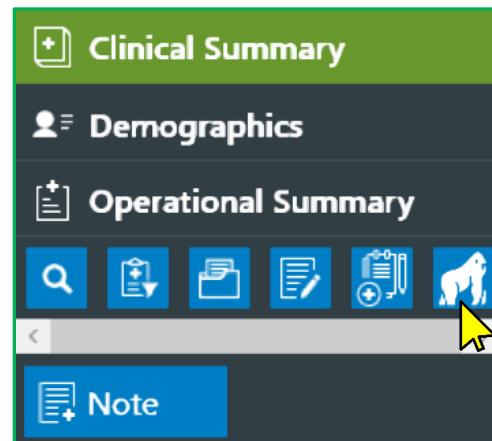
Landmark has partnered with a software company, Health Gorilla, to improve our access to patient records. Health Gorilla takes information from Health Data Exchanges set up in many states to coordinate medical records between institutions and aggregates it into one common portal.

The system is very intuitive. This integration will significantly streamline your workflow and enhance patient care by allowing you to seamlessly access patient charts in Health Gorilla directly from the Ubiquity platform.

We believe that this Health Gorilla integration will significantly improve your efficiency, enhance care coordination, and ultimately lead to better patient outcomes. We encourage you to explore the integrated features and provide us with your valuable feedback and suggestions.

**Access In Ubiquity:**

1. Open a patient's chart in Ubiquity.
2. Find the Health Gorilla microtabs on the left-side notes and documents panel.
3. Clicking the Health Gorilla button will open a popup window for you to quickly navigate the Health Gorilla portal information.
  - o First time users must agree to Health Gorilla's terms and conditions before proceeding.



 A screenshot of the Health Gorilla portal. The top bar shows the "Health Gorilla" logo. The main area displays patient information for "Evelyn Flowers, 01/11/1933...". The demographic details shown include:
 

- First Name: Evelyn
- Last Name: Flowers
- DOB: 1/11/1933
- Gender: Female
- ID: (patient's ID displayed here)
- Global ID: (patient's global ID displayed here)
- Home Phone: (518) 353-2112
- Email: Aflowers55@gmail.com
- Address: (patient's address displayed here)
- Need Translator: No
- Race
- Ethnicity

 On the left side, there is a vertical navigation menu with tabs: Demographics (selected), HumanGraph™, Messages, Tel Encounters, Orders, Future Orders, Labs/Imaging, Documents, Progress Notes, and History and Physical.

- Access to Health Gorilla will now be seamless and automatic, eliminating the need for access forms or manual sign-up requests.
- This integration eliminates the need for manual navigation between different platforms, saving you time and effort.
- You can efficiently review patient information, access medical records, and manage care coordination tasks all within one integrated system.

## Browser Login Instructions:

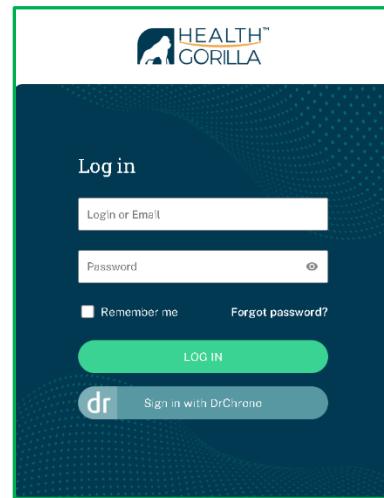
1. Open your web browser and visit <https://www.healthgorilla.com/login>.
2. Enter your login credentials (email and password) to access your account.

### Attention – Health Gorilla User Names

The username format **firstname.lastname** no longer works.

- Instead, use your email address in its place.

3. Once logged in, you will have full access to all the features and functionalities of Health Gorilla.



## Portal Navigation:

Upon logging into the Health Gorilla Provider Portal, you will be directed to the portal's dashboard.

## Frequently Asked Questions (FAQ):

### **Will this access be available to all team members outside of New York?**

Yes, all team members (providers, care coordinators, ambassadors, etc.) outside of New York, who have access to view charts in Ubiquity will be able to utilize this integration.

### **What if I have access issues?**

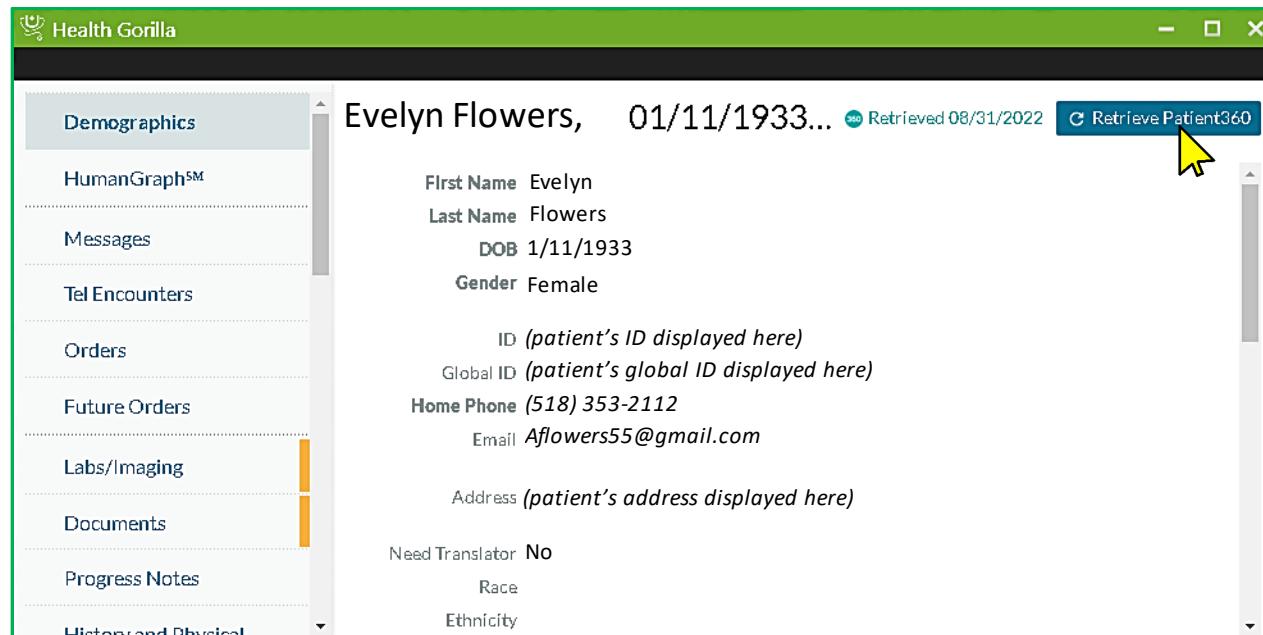
Users will be set up automatically. If you need additional IT support, you will be able to submit a ticket to the [Optum Service Desk](#) who will then route you to the appropriate team to troubleshoot access issues.

### **Where can I get training materials?**

Job aids and video instruction will be available on [Landmark Way](#)

### **Do we still need to refresh the chart with the retrieve button?**

Yes, in the Health Gorilla popup, you will need to continue refreshing the chart using the “Add to Patient360” button to ensure it stays updated.



# LabCorp

## Links & Resources:

🔗 Link – LM1 APC Management of Labs and Imaging Results

[LM1 APP Process for managing lab and imaging results.pdf](#)

🔗 Link – LM1 Triage RN Management of Labs and Imaging Results

[Triage RN Process for lab and imaging results triage requests.pdf](#)

## Labs and Imaging Results Management:

LM1 APCs and RNs may receive calls / emails from patients or their caregivers requesting their lab / imaging results.

- These calls / emails can sometimes come from labs or imaging centers to give results.
- "Change in condition" is abbreviated using the acronym CIC.

## Overview of Lab Diagnostics / Results Review Workflow:

1. Complete a brief triage:
  - Use Health Gorilla to access results.
  - Assess any change in condition (CIC) after the Urgent Visit and any emergent symptoms present.
    - ❖ If emergent, follow the emergent call flow.
1. Determine next steps:
  - LM1 Triage RNs determine need next steps such as Tele-UV, UEUV, or UV.
    - ❖ If a critical value is present, transfer immediately to a LM1 APC.
  - LM1 APCs will manage the patient.

**If No CIC or New Information Listed in Health Gorilla:**

***During Business Hours:***

Attempt a warm transfer to the market NCM listed in the patient's chart.

- If there is no response from the Market NCM, send an email to the patient's Care Team requesting follow-up.
  - CC the Longitudinal APC and Market Call Center in the email.

***After Business Hours (Next Day is a Business Day):***

Send an email to the patient's Care Team requesting next-day follow-up.

- CC the Longitudinal APC and Market Call Center in the email.

***After Business Hours (Next Day is NOT a Business Day):***

Send an email to [LM1Rtriage@landmarkhealth.org](mailto:LM1Rtriage@landmarkhealth.org) requesting LM1 APC follow-up.

- CC the Longitudinal APC and Market Call Center in the email.
- Tag the APC in the "LM1 Full" Teams group.

# NewCrop

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NewCrop is the application used to be able to view and edit a patient's medication list, allergies, identify drug interactions, and to electronically prescribe medications.

## Links & Resources:

### Link – How to Document NKDA

<https://support.newcroprx.com/hc/en-us/articles/5858561242132-Document-No-Known-Drug-Allergies-NKDA->

### Link – How to Add / Edit Allergies

<https://support.newcroprx.com/hc/en-us/articles/360056496272-Record-and-Manage-Patient-Allergies>

### Link – How to Add Medications

<https://support.newcroprx.com/hc/en-us/articles/360058174471-Record-a-Medication>

### Link – How to Free-Text Allergies & Medications

<https://support.newcroprx.com/hc/en-us/articles/5051156939412-Map-Free-Text-Allergies-and-Medications>

### Link – How to Edit a Prescription

<https://support.newcroprx.com/hc/en-us/articles/360056815331-Edit-a-Prescription>

### Link – Create a New Prescription

<https://support.newcroprx.com/hc/en-us/articles/360056804891-Create-a-New-Prescription>

 Link – How to Discontinue a Prescription

<https://support.newcroprx.com/hc/en-us/articles/360057413912-Discontinue-a-Prescription>

 Link – How to Assign a Patient Pharmacy

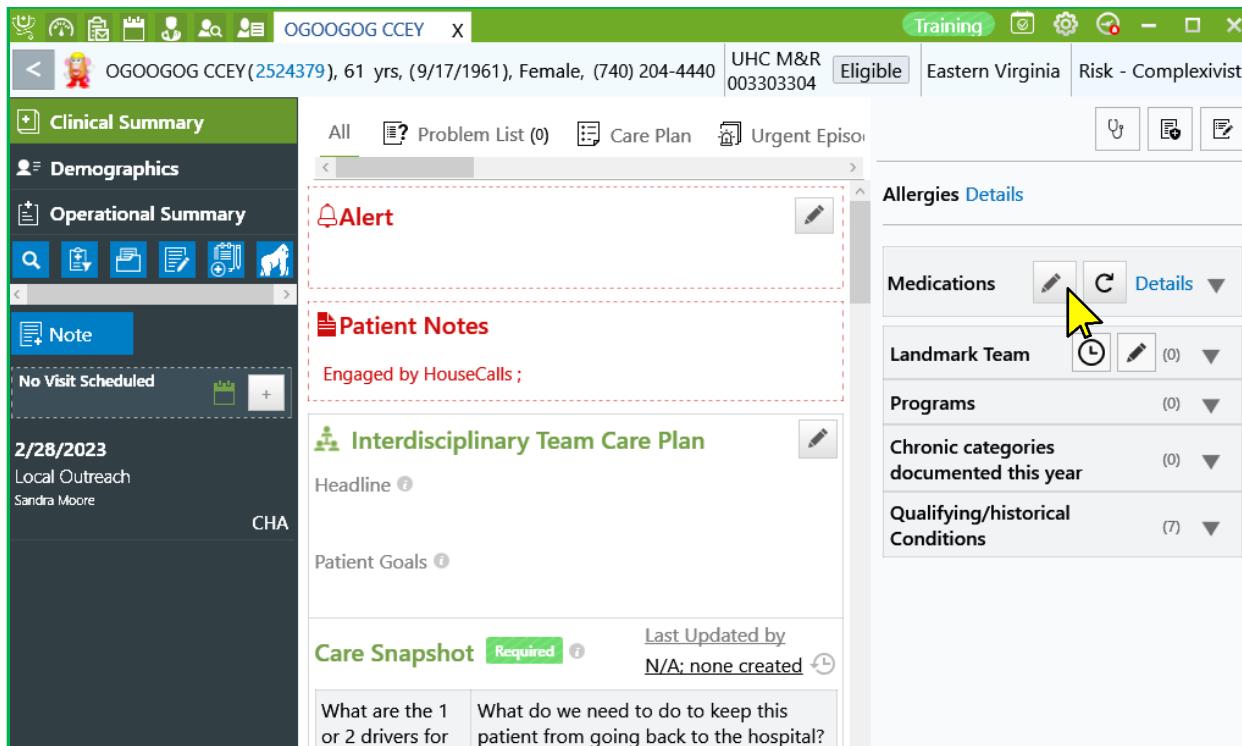
<https://support.newcroprx.com/hc/en-us/articles/360056407172-Assign-Patient-Pharmacies>

 Link – Surescripts Tutorial

<https://support.newcroprx.com/hc/en-us/articles/5739568847124-Surescripts-Drug-History>

### Accessing NewCrop Medication Lists:

Open a patient's chart in Ubiquity. The NewCrop platform may be accessed in a note or from the Clinical Summary window. Click the "edit" button above the list of medications on the right side of the window to view the NewCrop dashboard.



**NewCrop Dashboard:**

**PT: SAMPLE PATIENT**  
DOB: 3/5/1977 Gender: Female Height: Weight:  
[Surescripts Drug History](#)  
[PDMP](#)  
[Request Genetic Test](#)

Doctor: NewCrop Doctor  
Health Plan:  
Pharmacy: Shollenberger Pharmacy

**⚠ Pharmacy Message(s) need attention for this Patient!**  
Review Renewal and Change Requests on Tasks page

**Pending Rx**

| Date    | Drug                                                                    | Sig                                                | Dispense  | Refills | Source                     |
|---------|-------------------------------------------------------------------------|----------------------------------------------------|-----------|---------|----------------------------|
| 3/16/22 | Sominex 25 mg tablet [diphenhydramine HCl]                              | Take 1 tablet by mouth four times a day ergargwgwg | 36 Tablet | 4       | M. MD <a href="#">Edit</a> |
| 3/11/22 | Tylenol Sinus Headache 5 mg-325 mg tablet [phenylephrine-acetaminophen] | Incomplete Directions                              | Tablet    | 0       | M. MD <a href="#">Edit</a> |

**Allergies**  NKDA

**Active Medications** [Drug Review](#)

| Date    | Drug                                      | Sig                                                        | Dispense   | Refills | Source                     |
|---------|-------------------------------------------|------------------------------------------------------------|------------|---------|----------------------------|
| 3/17/22 | Tylenol 325 mg capsule [acetaminophen]    | Take 1-3 capsules by mouth twice a day                     | 20 Capsule | 2       | M. MD <a href="#">Edit</a> |
| 3/11/22 | Lipitor 10 mg tablet [atorvastatin]       | Take 1 tablet by mouth twice a day                         | 60 Tablet  | 1       | M. MD <a href="#">Edit</a> |
| 3/3/22  | Isinopril 5 mg tablet                     | 1 Select Frequency Take 1/2 tablet by mouth daily          | 30 Tablet  | 1       | M. MD <a href="#">Edit</a> |
| 3/3/22  | omeprazole 10 mg capsule, delayed release | Take 1 capsule by mouth daily Take as needed for heartburn | 90 Capsule | 0       | M. MD <a href="#">Edit</a> |
| 3/3/22  | quinapril 5 mg tablet                     | Take 1 tablet by mouth daily                               | 30 Tablet  | 2       | M. MD <a href="#">Edit</a> |
| 3/3/22  | Crestor 5 mg tablet [rosuvastatin]        | Take 1 tablet by mouth twice a day                         | 60 Tablet  | 1       | M. MD <a href="#">Edit</a> |
| 3/3/22  | simvastatin 5 mg tablet                   | Take 1 tablet by mouth daily                               | 30 Tablet  | 1       | M. MD <a href="#">Edit</a> |

**Attention – Closing NewCrop**

You must close the NewCrop window before closing your note for the note to reflect any updates.

**Drug Review:**

The Drug Review option indicates how a patient's active medications will interact with one another:

**Active Medications**

|                          | Effective Date | Stop Date | Drug                                   | Sig                                 | Dispense   | Refills | Source          |
|--------------------------|----------------|-----------|----------------------------------------|-------------------------------------|------------|---------|-----------------|
| <input type="checkbox"/> | 8/15/23        |           | doxycycline monohydrate 100 mg capsule | Take 1 capsule by mouth twice a day | 14 Capsule | 0       | O. Kim-Hodgkins |
| <input type="checkbox"/> | 8/15/23        |           | amlodipine 2.5 mg tablet               | Take 1 tablet by mouth daily        | 30 Tablet  | 0       | O. Kim-Hodgkins |

**Drug Review**

**Drug-Drug Interactions**

| Severity | Drug(s)                                                       | Summary   |
|----------|---------------------------------------------------------------|-----------|
| Moderate | gabapentin 400 mg capsule   tramadol 50 mg tablet             | Monograph |
| Moderate | tramadol 50 mg tablet   warfarin 5 mg tablet                  | Monograph |
| Moderate | doxycycline monohydrate 100 mg capsule   warfarin 5 mg tablet | Monograph |

**Drug-Allergy Interactions**

- No Interactions Found -

**Diagnosis Interactions**

- No Interactions Found -

**Geriatric Alerts**

| Severity   | Drug(s)                          | Summary                                                    |
|------------|----------------------------------|------------------------------------------------------------|
| Precaution | gabapentin 400 mg capsule        | Renal; Neuro/Psych; Pulmonary                              |
| Precaution | hydrochlorothiazide 25 mg tablet | Cardiovascular; Metabolic; Endocrine; Renal                |
| Precaution | tramadol 50 mg tablet            | Hepatic; Neuro/Psych; Endocrine; Pulmonary; Renal; General |
| Precaution | warfarin 5 mg tablet             | General                                                    |

**Potential Genomic Alerts**

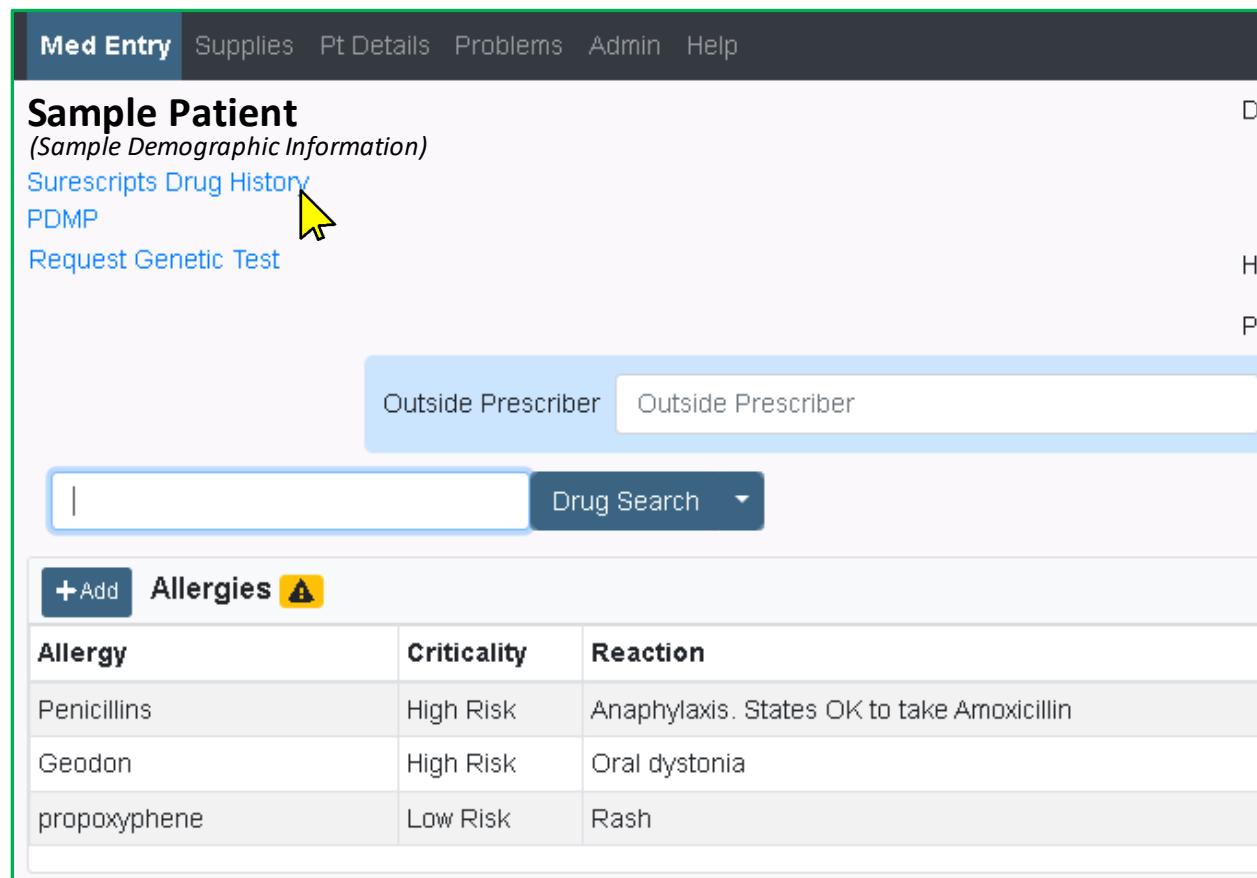
| Severity  | Drug(s)                          | Summary                                                                                                |
|-----------|----------------------------------|--------------------------------------------------------------------------------------------------------|
| Potential | warfarin 5 mg tablet             | CYP2C9 and VKORC1 variants are associated with an increased risk of bleeding with the use of warfarin. |
| Potential | tramadol 50 mg tablet            | Ion channel variants are associated with an increased risk of QT prolongation with numerous drugs.     |
| Potential | hydrochlorothiazide 25 mg tablet | Ion channel variants are associated with an increased risk of QT prolongation with numerous drugs.     |

**Food-Drug Warnings**

| Severity         | Drug(s)               | Summary                                      |
|------------------|-----------------------|----------------------------------------------|
| More Significant | tramadol 50 mg tablet | Alcohol may increase CNS depressant effects. |

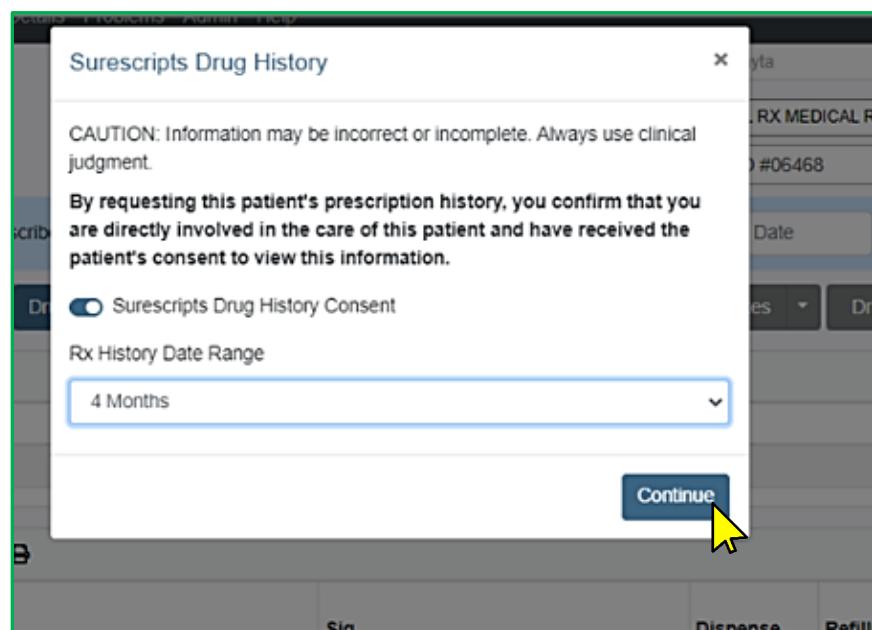
**Surescripts:**

Surescripts is the medication fill history database used by participating pharmacies that lists medications filled for patients within past 4, 6, or 12 months.



The screenshot shows the Med Entry software interface. At the top, there is a navigation bar with tabs: Med Entry (which is selected), Supplies, Pt Details, Problems, Admin, and Help. Below the navigation bar, the title "Sample Patient" and subtitle "(Sample Demographic Information)" are displayed. Underneath this, there are several links: "Surescripts Drug History" (with a yellow arrow pointing to it), "PDMP", and "Request Genetic Test". A search bar with the placeholder "Outside Prescriber" and a dropdown menu labeled "Drug Search" are also visible. Below the search bar, there is a table titled "Allergies" with a yellow warning icon. The table has columns: Allergy, Criticality, and Reaction. The data in the table is as follows:

| Allergy      | Criticality | Reaction                                   |
|--------------|-------------|--------------------------------------------|
| Penicillins  | High Risk   | Anaphylaxis. States OK to take Amoxicillin |
| Geodon       | High Risk   | Oral dystonia                              |
| propoxyphene | Low Risk    | Rash                                       |



This screenshot shows a consent form for viewing a patient's prescription history. It includes a "CAUTION" message about the potential inaccuracy of the information. A checkbox for "Surescripts Drug History Consent" is checked. Below the checkbox, a dropdown menu for "Rx History Date Range" is set to "4 Months". At the bottom right of the form is a blue "Continue" button, which has a yellow arrow pointing to it.

Select the timeframe you wish to view and click "Continue".

## Charting, Labs, Imaging, & Medication Data

Last Updated: 1/26/2024

## Proprietary & Confidential

Published by LM1 Training

| Active Medications |                                                                                                                         |                                                                                    |            |  | Pharmacy: | RITE AID #06468 |       |
|--------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|------------|--|-----------|-----------------|-------|
| Date               | Drug                                                                                                                    | Prescriber                                                                         | Dx         |  | Confirm   | Cancel          | Reset |
| 7/13/18            | Oyster Shell Calcium 500 500 mg calcium (1,250 mg) tablet [calcium carbonate]<br>30 Not Specified, 0 Refills            | S. Degomez                                                                         |            |  |           |                 |       |
| 9/5/18             | ProAir HFA 90 mcg/actuation aerosol inhaler [albuterol sulfate]<br>8.5 Not Specified, 0 Refills                         | S. Degomez                                                                         |            |  |           |                 |       |
| 1/30/19            | alendronate 70 mg tablet<br>4 Not Specified, 6 Refills                                                                  | Walgreens #06094 Phone:<br>6192210634<br>3005 MIDWAY DR<br>SAN DIEGO, CA 921104502 | E. Zavala  |  |           |                 |       |
| 1/30/19            | aspirin 81 mg tablet,delayed release<br>30 Not Specified, 6 Refills                                                     | Walgreens #06094 Phone:<br>6192210634<br>3005 MIDWAY DR<br>SAN DIEGO, CA 921104502 | E. Zavala  |  |           |                 |       |
| 1/30/19            | Singular 10 mg tablet, [montelukast]<br>30 Not Specified, 6 Refills                                                     | Walgreens #06094 Phone:<br>6192210634<br>3005 MIDWAY DR<br>SAN DIEGO, CA 921104502 | E. Zavala  |  |           |                 |       |
| 10/22/20           | Combivent Respirat 20 mcg-100 mcg/actuation solution for inhalation [ipratropium-albuterol]<br>Not Specified, 6 Refills |                                                                                    | C. Monahan |  |           |                 |       |
| 10/22/20           | meclizine 12.5 mg tablet<br>Not Specified, 6 Refills                                                                    |                                                                                    | C. Monahan |  |           |                 |       |
| 4/5/21             | nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream<br>60 Not Specified, 6 Refills                                | RITE AID #05544 Phone:<br>8183484650<br>6410 PLATT AVENUE<br>WFST HILL S. CA       | M. Ruiz    |  |           |                 |       |

Importance of reconciliation

| Reconciled Medications                                              |  |
|---------------------------------------------------------------------|--|
| Drug                                                                |  |
| Oyster Shell Calcium 500 500 mg calcium (1,250 mg) tablet           |  |
| ProAir HFA 90 mcg/actuation aerosol inhaler                         |  |
| alendronate 70 mg tablet                                            |  |
| aspirin 81 mg tablet,delayed release                                |  |
| Singular 10 mg tablet                                               |  |
| Combivent Respirat 20 mcg-100 mcg/actuation solution for inhalation |  |
| meclizine 12.5 mg tablet                                            |  |
| nystatin-triamcinolone 100,000 unit/g-0.1 % topical cream           |  |
| Wixela Inhub 250 mcg-50 mcg/dose powder for inhalation              |  |
| montelukast 10 mg tablet                                            |  |
| Symbicort 160 mcg-4.5 mcg/actuation HFA aerosol inhaler             |  |
| dextromethorphan HBr 15 mg tablet                                   |  |
| doxycycline hydrate 100 mg capsule                                  |  |
| guafenesin 400 mg tablet                                            |  |
| prednisone 50 mg tablet                                             |  |
| albuterol sulfate HFA 90 mcg/actuation aerosol inhaler              |  |