

Allscripts SCM East Telehealth Documentation Guide

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Allscripts SCM Patient List: Emergency Telehealth

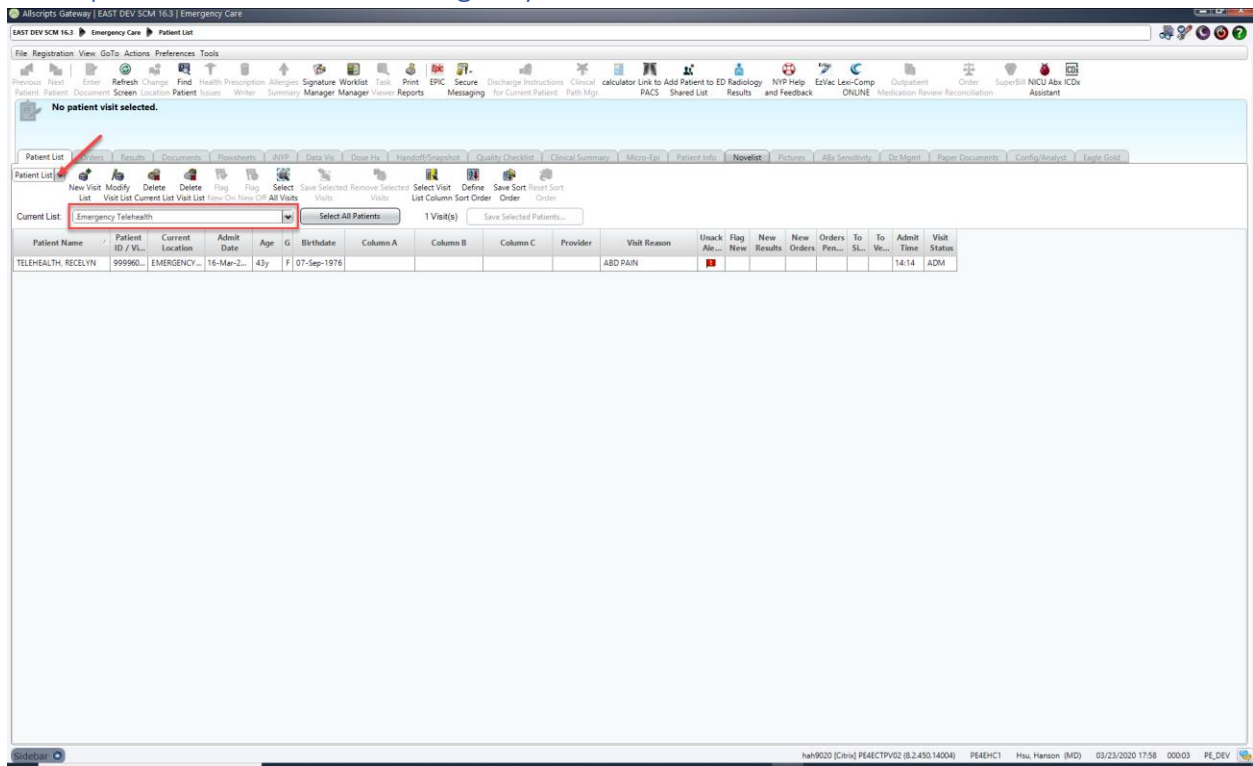


Figure 1: Patient List

1. Accessing the Emergency Telehealth List (Figure 1)
 - a. Arrow – select the Patient List option
 - b. Box – select Emergency Telehealth

Allscripts SCM Patient List: Adding Emergency Telehealth

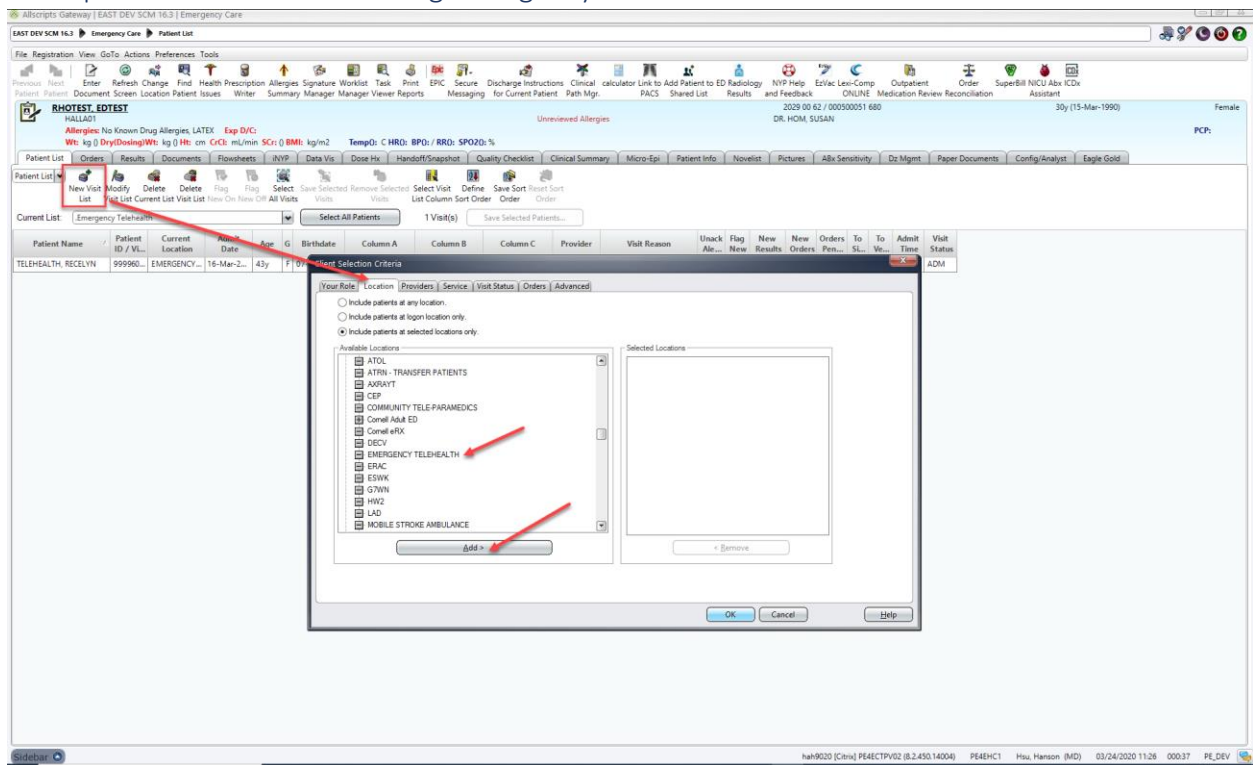


Figure 2: Adding Patient List

2. Adding the Emergency Telehealth List to your lists (figure 2)
 - a. Box – select New Visit List
 - b. Arrow – Scroll down and highlight Emergency Telehealth
 - c. Arrow – Click Add and then OK

Allscripts SCM: Manual Search

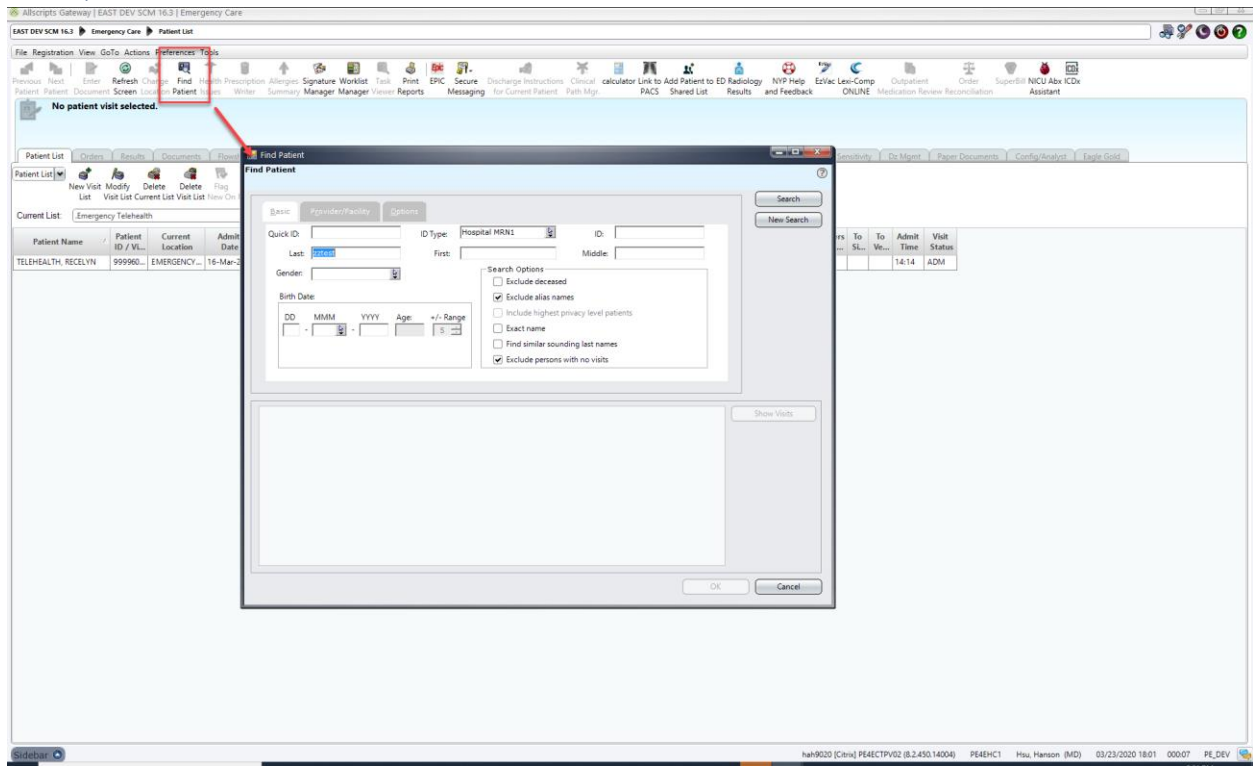


Figure 3: Find Patient function

3. Unable to access Emergency Telehealth list (figure 3)? Can't find your patient on the list?
 - a. Box – Use the Find Patient function, search by last name and first name
 - b. **Tip – Registration may be delayed depending on availability and number of patients waiting (maybe up to 30 minutes).

Documentation: Notes

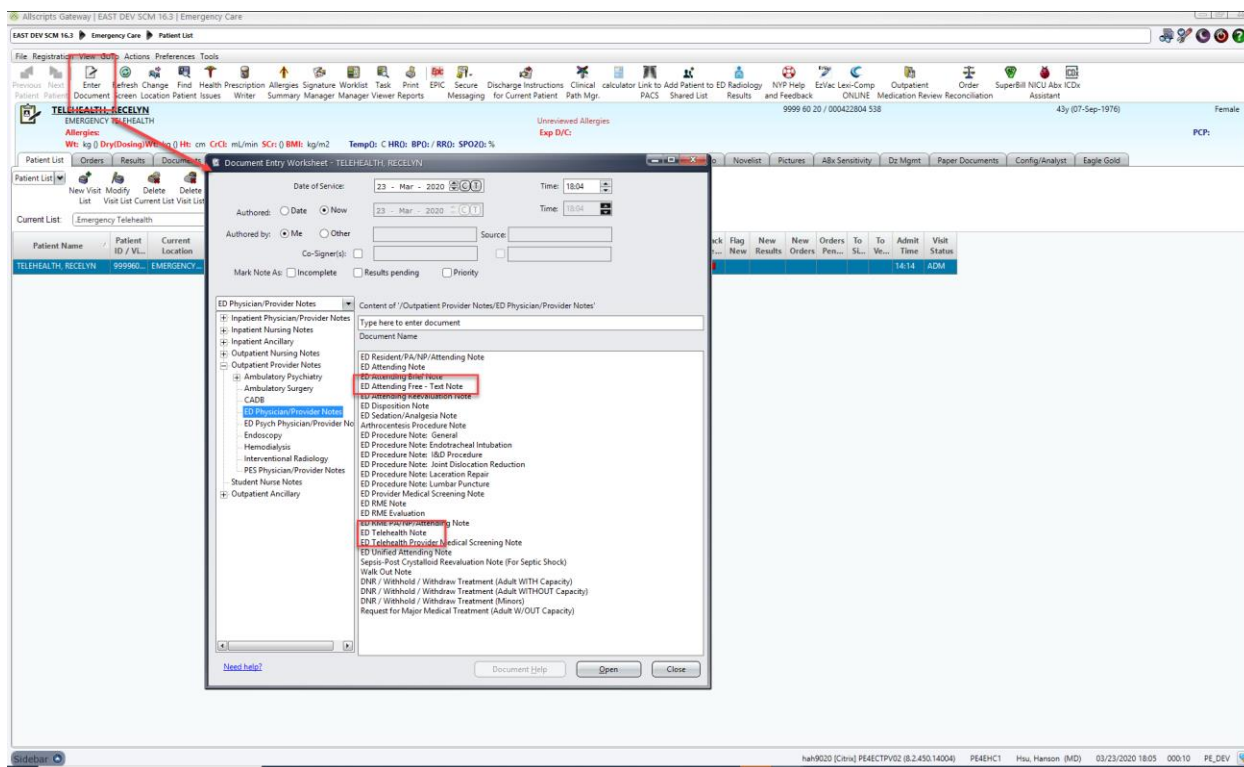


Figure 4: Document List

1. For documentation, we are using two notes: the ED Attending Free – Text Note and the ED Telehealth Note
 - a. ED Attending Free – Text Note is used when waiving or canceling a visit. Use a short descriptor so we can capture the visit e.g. “Cancelled visit, waived fee, patient was requesting/expecting a Dermatologist visit.”
 - b. ED Telehealth Note – All virtual visits should be documented in this note.

ED Telehealth Note

Structured Notes Entry - TELEHEALTH, RECELYN - ED Telehealth Note

Create **Preview** Date of Service: 23 - Mar - 2020 Time: 18:04

Sections:

- Preferred Language
- ED Provider Medical Screening Note
- ED Medical Scribe Attestation
- Provider Note
 - Physician Information
 - Telemedicine Visit Type
 - Provider Note
 - Intra-Hospital Patient Transport
 - ED Disposition
 - ED Attending Medical Scribe Attestat
 - Meaningful Use - CCDA Capture

Copy Forward Refer to Note Preview Modify Template Acronym Expansion

Preferred Language

Information from the ED Telehealth Provider Medical Screening Note:

ED Medical Scribe Attestation

Physician Information

QuickKey Time: 16-Mar-2020 14:14

Time Seen by Me (Military Time): Date

I have read and reviewed the RN triage assessment, vital signs, pain assessment, allergies, POC test data, and outpatient medications

Telemedicine Visit Type

ED Express Care Virtual Visit Skilled Nursing Facility ParaTelemedicine (PTM)

The patient is a 43-year-old Female

Provider Note

ED Disposition:

Prescriptions:

* Outpatient Medication Status not yet specified

Outpatient Medications:

* Outpatient Medication Status not yet specified

NYP-STOP:

This patient is at NewYork-Presbyterian Hospital. Practitioners who have or will prescribe, order or administer Schedule II, III, or IV controlled substances for this patient for use during this ED visit or, if admitted on the premises as a result of this visit, are not required to consult the NYS Prescription Monitoring Program (PMP).

Electronic Signatures:

Hsu, Hanson (MD) (Signed 23-Mar-2020 18:07)

Authored: ED Disposition

Last Updated: 23-Mar-2020 18:07 by Hsu, Hanson (MD)

Retrieve Last Chanted Val... Insert Default Values Clear Unsaved Data

Need Help? Mark Note As: Results pending Priority Incomplete

EBM Calculation Change Capture SuperBill Save Cancel

Figure 5: ED Telehealth Note

1. FYI: The ED Telehealth Note is based on documentation requirements as if the patient was physically in the Emergency Department. Some elements of the note are mandatory based on those requirements despite the patient being seen virtually.

ED Telehealth Note

Structured Notes Entry - TELEHEALTH RECELYN - ED Telehealth Note

Create Preview Date of Service: 23-Mar-2020 Time: 18:04

Copy Forward Refer to Note Preview Modify Template Acronym Expansion

Sections:

- Preferred Language
- ED Provider Medical Screening Note
- ED Medical Scribe Attestation
- Provider Note**
- Physician Information
- Telemedicine Visit Type
- Intra-Hospital Patient Transport
- ED Disposition
- ED Attending Medical Scribe Attestat
- Meaningful Use - CCDA Capture

Quicklog Time: 16-Mar-2020 14:14

Time Seen by Me (Military Time): Date: 23-Mar-2020

I have read and reviewed the RN triage assessment, vital signs, pain assessment, allergies, POC test data, and outpatient medications.

Telemedicine Visit Type:

☒ ED Express Care ☐ Virtual Visit ☐ Skilled Nursing Facility ☐ ParaTelemedicine (PTM)

The patient is a 43-year-old Female

Provider Note

Intra-Hospital Patient Transport

☐ Intra-hospital patient transport ☐ ED ☐ L&D ☐ CPEP

ED Disposition:

Prescriptions:

* Outpatient Medication Status not yet specified

Outpatient Medications:

* Outpatient Medication Status not yet specified

NYP-STOP:

This patient is at NewYork-Presbyterian Hospital. Practitioners who have or will prescribe, order or administer Schedule II, III, or IV controlled substances for this patient for use during this ED visit or, if admitted on the premises as a result of this visit, are not required to consult the NYS Prescription Monitoring Program (PMP).

Electronic Signatures:

Hsu, Hanson (MD) (Signed 23-Mar-2020 18:07)

Authored: ED Disposition


Last Updated: 23-Mar-2020 18:07 by Hsu, Hanson (MD)

Need Help? Mark Note As: ☐ Results pending ☐ Priority ☐ Incomplete

☐ EBM Calculation ☐ Change Capture SuperBill

Save Cancel

Figure 6: Provider Note section

1. **Provider Note Section** – This is where the bulk of the provider documentation occurs. Please familiarize yourself with the ability to use macros (Acronym Expansion) as a shortcut. (You can use the Acronym Expansion function top/middle part of the note just below and right of the Time).
 - a.  **Acronym Expansion**
 - b. We are using some COVID-19 related acronyms to help streamline documentation. Ask your orientation expert or medical scribe on where to locate some of these resources.

Prescription Writer: Outpatient Medication Status and Medication Reconciliation

Figure 7: Prescription Writer

1. Box - Documenting Outpatient Medications and Allergies – Please familiarize yourself with Prescription Writer. This function may not be something you are used to performing as most practices use an intake RN to enter this information.
2. The Prescription writer may also be accessed through the Allscripts Toolbar above the patient header:

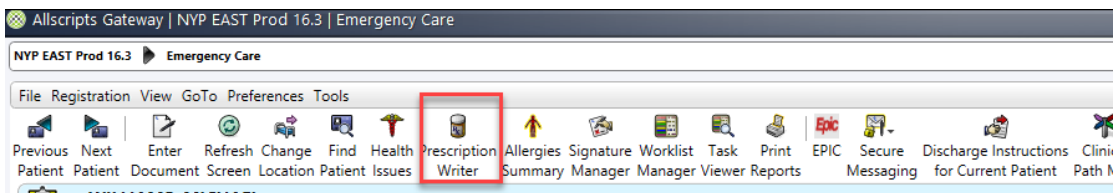


Figure 8: Allscripts Toolbar -> Prescription Writer

The screenshot displays the TELHEALTH RECELYN interface. At the top, the header shows the patient's name, TELHEALTH RECELYN, and various status indicators. The left sidebar contains an 'Options Panel' with filters and display styles. The main content area features a toolbar with icons, including a red box highlighting the 'Up Arrow' icon. Below the toolbar, a message states: 'Some patient medication may not be shown. Showing: Active, No Longer Taking, Unsubmitted (Prescription, OTC, Free Text)'. The 'Allergies/Intolerances Summary View' is displayed, showing a table with columns: Selection, Confidence Level, Info Source, Status, Reasons, Date Review, and Refresh Date. The table is currently empty. At the bottom, there is a toolbar with buttons: 'Show Active Only', 'Review History', 'Mark As Reviewed', 'Add New', 'Add NKDA', 'Discontinue', 'Details', 'Delete', 'History', and 'Close'.

1. **Box** – Click on the Red Man (Allergies) icon to document patient’s allergies. This is important in order to enable medication interaction and allergy checks.

Prescription Writer: Outpatient Medication Profile (Review)

Prescription Writer

TELEHEALTH, RECELLYN
EMERGENCY TELEHEALTH

Unreviewed Allergies
Exp. DTG: [View](#)

9999 60 20 / 000422804 538 43y (07-Sep-1976) Female

Wt: kg 0 Dry(Dosing)/Wt: kg 0 Ht: cm CrCl: mL/min SCr: 0 BSA: sq m BMI: kg/m2

Care Coord: [View](#) PCP: [View](#)

Options Panel

Filters

Status:

- ☒ Unsubmitted
- ☒ Active
- ☒ No Longer Taking
- ☐ Inactive

Multum Item Class:

- ☒ By Prescription Only
- ☒ Over the Counter (OTC)
- ☒ Free Text (Non-Multum)

Display Styles

Group/Sort Medication by:

Start Date

Show:

- ☒ Instructions
- ☐ Health Issues
- ☒ Prescriber
- ☐ Drug Class
- ☒ Details
- ☒ Pharmacy
- ☐ Comments
- ☐ More Details
- ☐ Renew

Last OMP Review Date: [Not Done](#)

Some patient medications may not be shown. Showing: Active, No Longer Taking, Unsubmitted (Prescription, OTC, Free Text).

Display Format: [Active and Medications to be Reviewed \(Modified\)](#) Group/Sort by: [Item Class and Drug](#)

Med Status: [Not yet specified](#) Preferred Pharmacy: [None](#)

0 of 0 selected

Add Home Medication - TELEHEALTH, RECELLYN

Clear

Medication Name

Dose ☐ Unknown Dosage Units Route Frequency ☐ PO

Last Dose Taken Date Last Dose Taken Time

Follow Up Reason Info Source

Start Date End Date

Health Issues ☐ Sample Tracking

Internal Memo

Comments

[Need Help?](#)

Figure 10: Add New Home Medication

1. Box – Add new home medication. Doses are not required if unavailable, just check the Dose Unknown box. Notice that the box does completion matching for medications automatically.
2. You can add an unmatched medication such as “skin eczema cream” but the medication interaction and dose checking will not work.

Prescription Writer: Last OMP Review Date

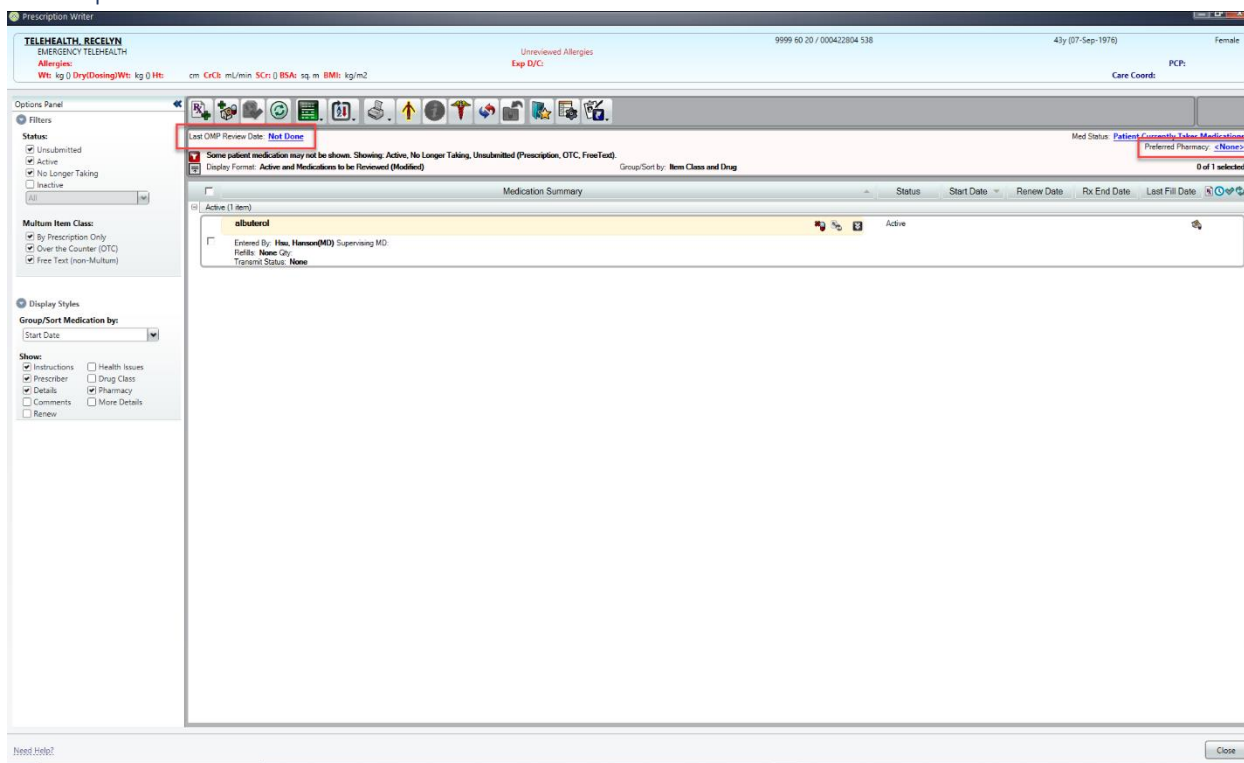


Figure 11: Last OMP and Preferred Pharmacy

1. Box – Last OMP Review Date. Click the hyperlink text to update the Outpatient Medication Profile Review Date.
2. Box – Preferred Pharmacy. Click the hyperlink text to review/change/add the patient's pharmacy.
3. Use Prescription writer to remove previously completed/discontinued medications. Select the medication or medications and right click to select Discontinue/Cancel

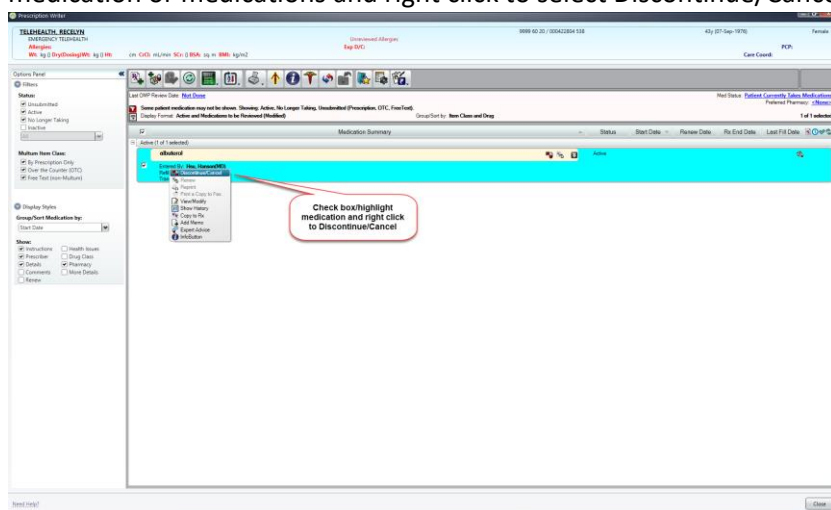


Figure 12: <right click> discontinue/cancel medication

Prescription Writer: Preferred Pharmacy

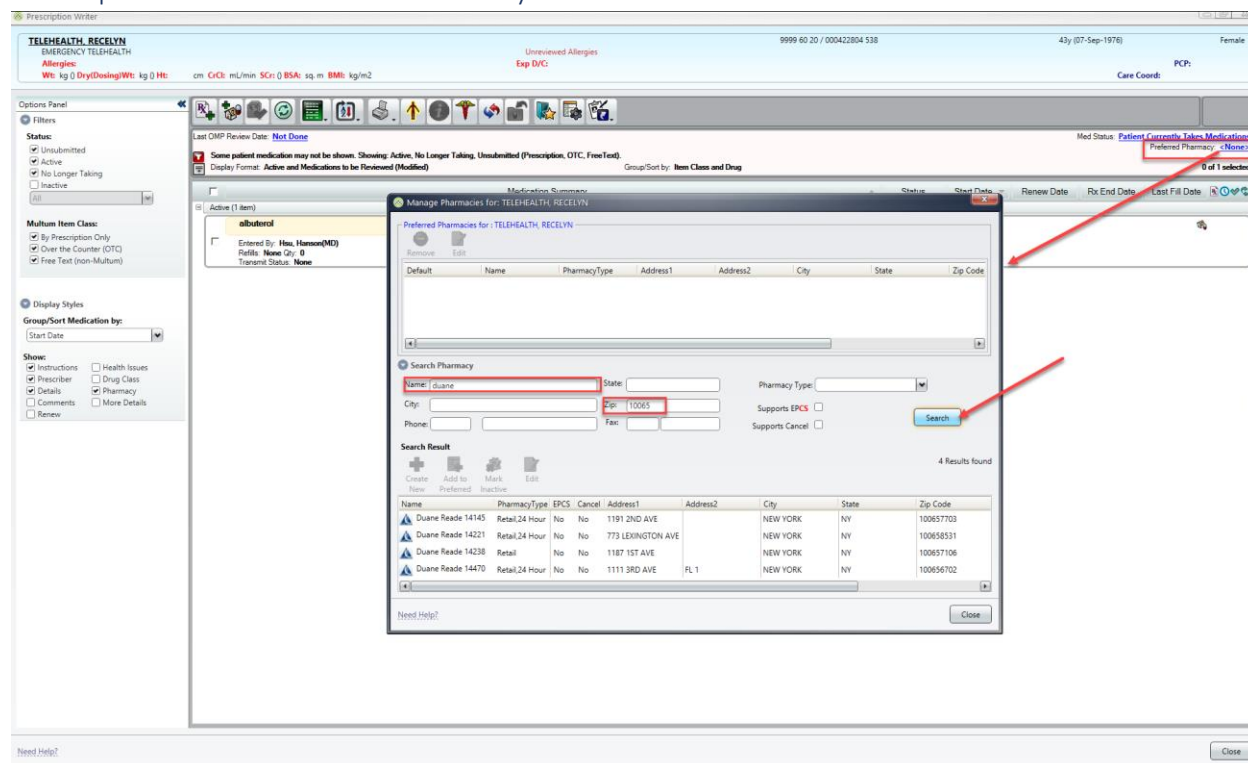


Figure 13: Prescription writer Preferred Pharmacy

1. Choosing preferred pharmacy, hyperlink text opens up the Manage Pharmacies for <Patient> dialogue box.
 - a. Search by name and Zip
 - b. Highlight the desired pharmacy and click Add to Preferred:

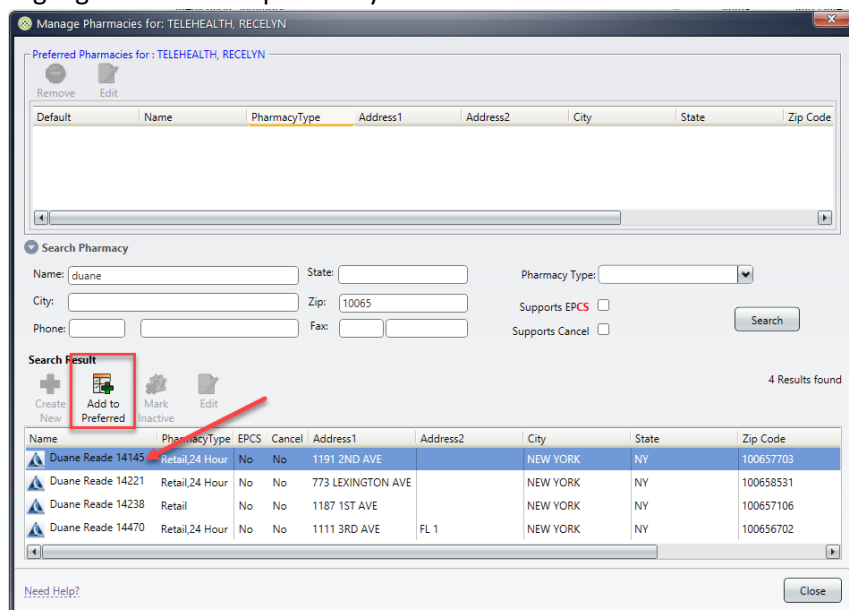


Figure 14 Manage Pharmacy – Highlight and Add to Preferred

Exit Care Discharge Instructions

The screenshot shows the 'ExitCare Discharge Instructions' module. The left sidebar has a tree view with 'ExitCare Discharge Instructions' selected. The main area has a text box for 'ExitCare Discharge Instructions' with a red arrow pointing to the 'ExitCare Discharge Instructions' radio button. Below this are sections for 'Followup Instructions', 'Radiology Tests', and 'ED Discharge Instructions'. The right sidebar displays 'ED Disposition' and 'Prescriptions'.

Figure 15: ExitCare

1. Arrow – Click radio button to access the ExitCare Discharge Instruction module. This is also accessible from the SCM toolbar as Discharge Instructions for Current Patient:

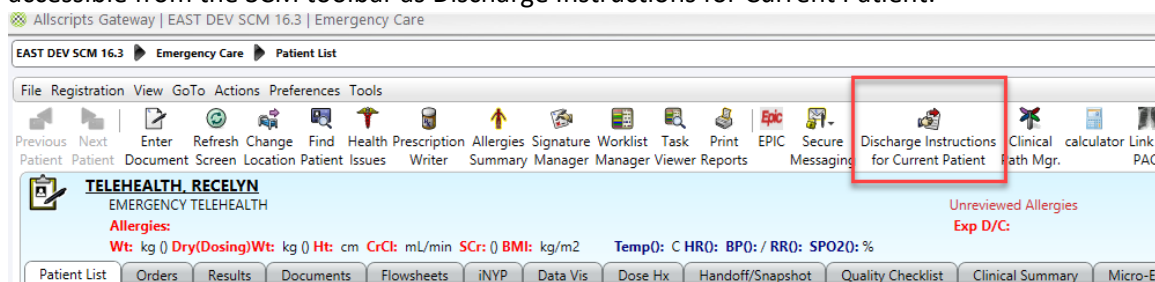


Figure 16: SCM Toolbar - ExitCare

ExitCare: Choose Title(s)

Figure 17: ExitCare module

1. Box – Choose Title. Allows you to select the instructions for the patient.
2. Please note that the Patient Information, name, ID number, etc. should be pulled forward. (Recelyn Telehealth, 9999 60 20, for this example).

[illegible]

Figure 18: ExitCare titles

1. **Box** – Use the Search Box to search for available instructions e.g. Viral Infections.

ExitCare: Previewing

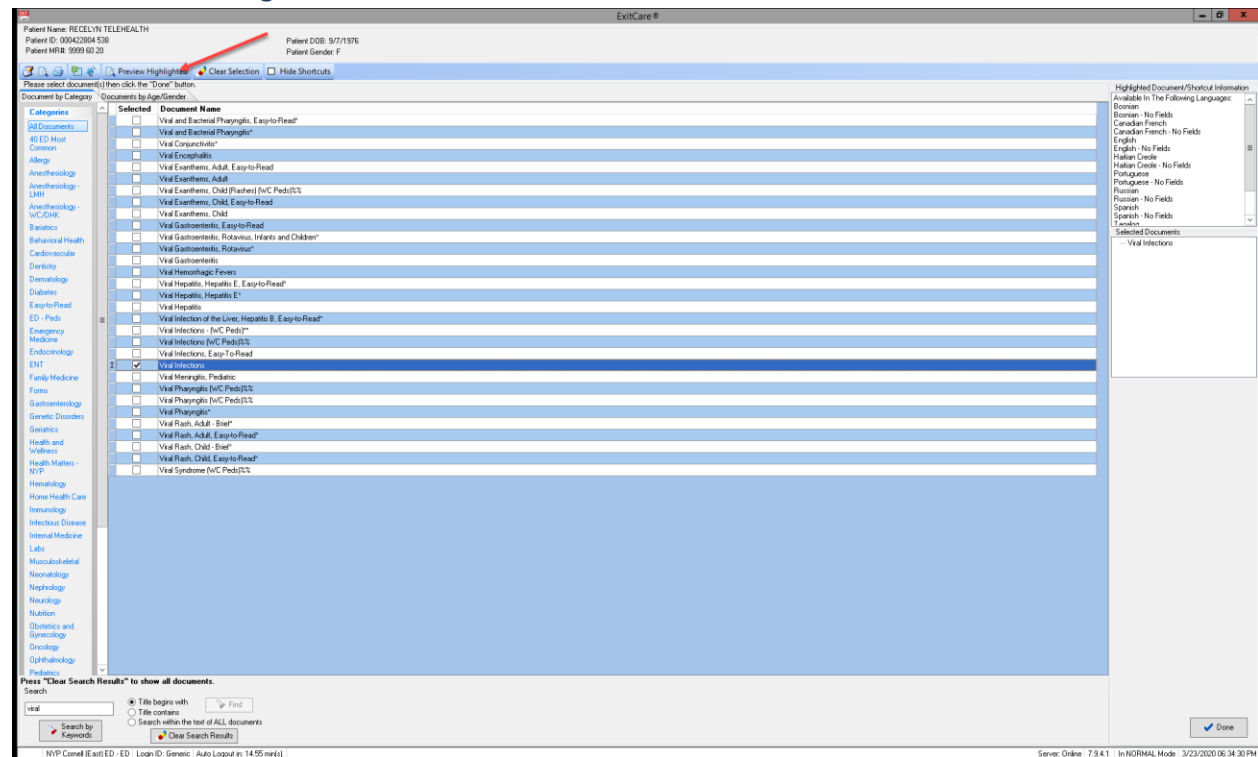


Figure 19: ExitCare preview

1. Arrow – Select the Preview Highlighted tab to review the contents of the discharge instructions.

ExitCare: Copy and Paste

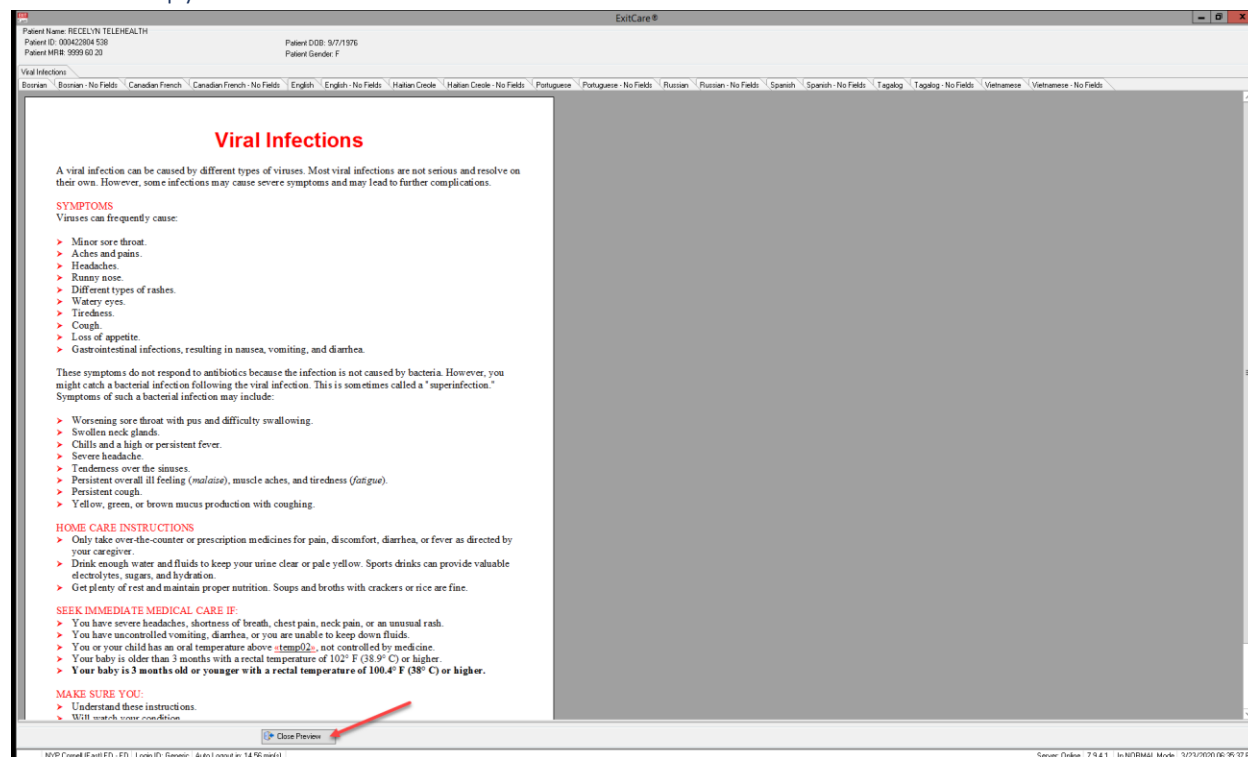


Figure 20: Close Preview

1. From this screen the user can highlight and Copy (Control + C) in order to paste into the Video Visit Note section for the patient to access and reference.

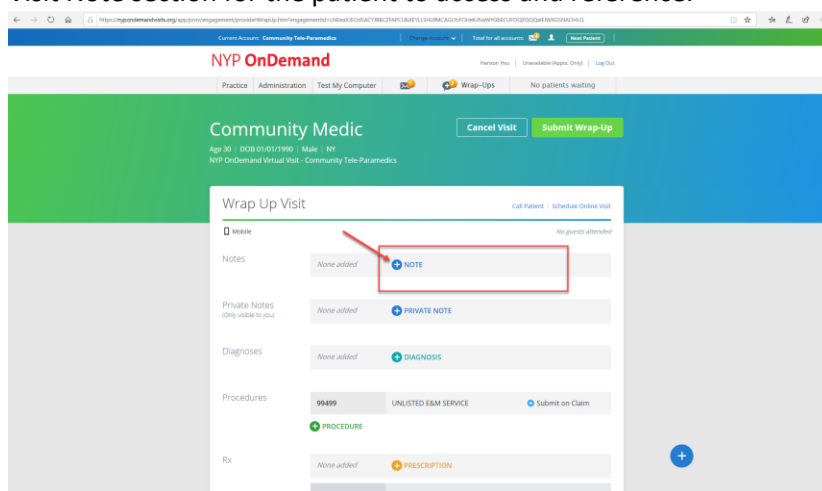


Figure 21: NYPOnDemand Wrap up window

2. Sick Slips can be added if you scroll further down the Wrap up screen:



3. Close Preview returns the user back to the selection screen. (Fig 18 Close Preview)

ExitCare: Print to Autodelete

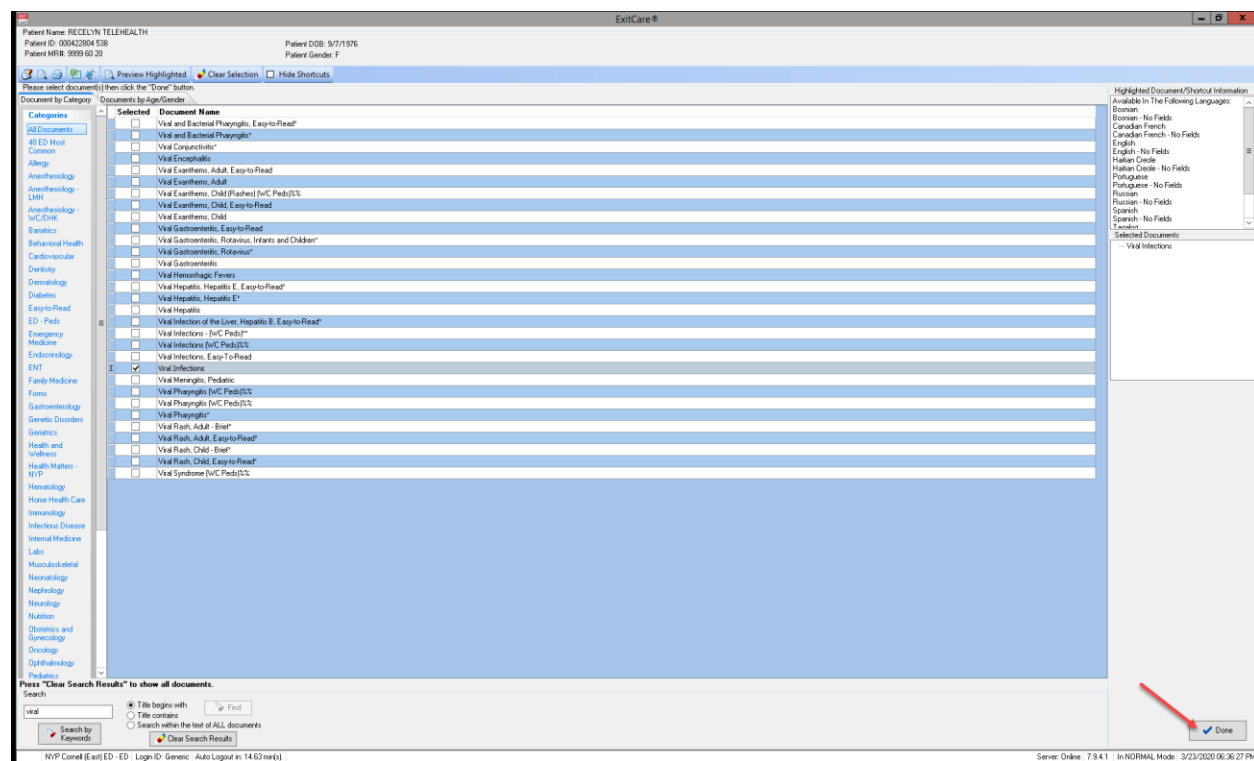


Figure 22: ExitCare titles selection

1. Select other instructions as necessary.
2. Arrow – Click Done.
3. Click Print in order to have instructions upload to SCM as a document.

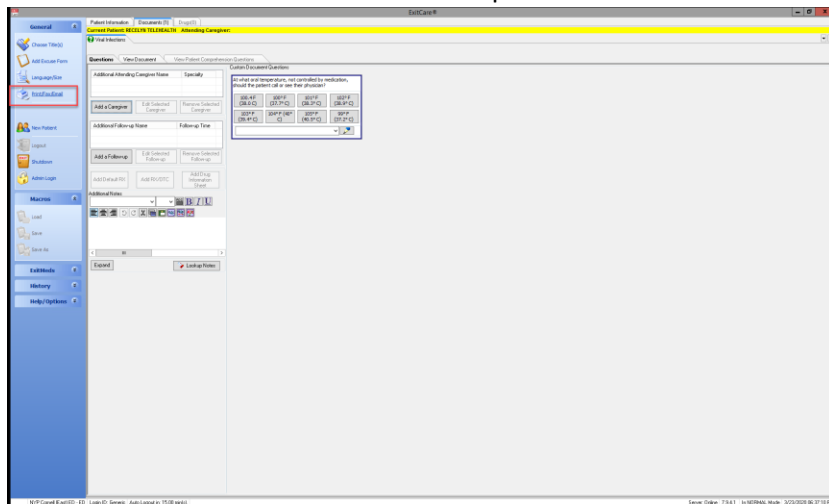


Figure 23: Printing ExitCare

4. Select the printer to “Autodelete” and click Print

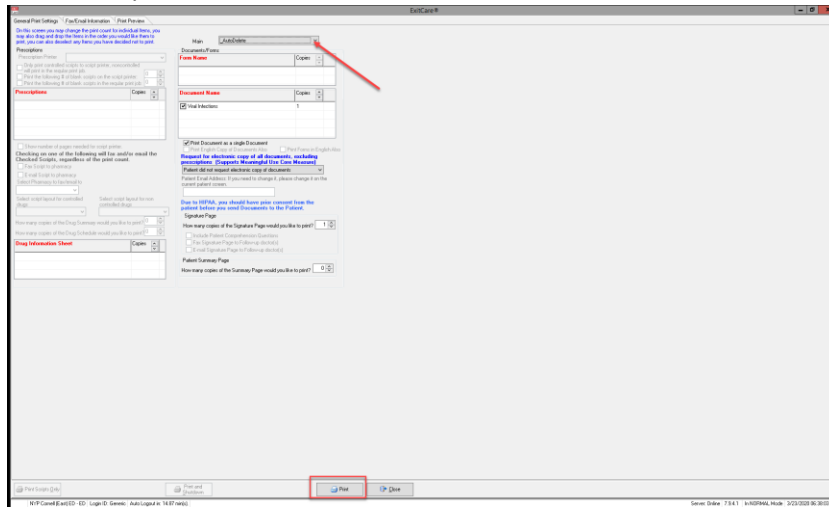


Figure 24: ExitCare Autodelete Print

ED Telehealth Note: Disposition and Save

The screenshot shows the 'ED Telehealth Note' form, specifically the 'Disposition' section. The form is titled 'Structured Notes Entry - TELEHEALTH, RECELYN - ED Telehealth Note'. The left sidebar contains a 'Sections' list with items like 'Preferred Language', 'ED Provider Medical Screening Note', 'ED Medical Scribe Attestation', 'Provider Note', 'Physician Information', 'Telemedicine Visit Type', 'Provider Note', 'Intra-Hospital Patient Transport', 'ED Diagnosis', 'ED Diagnosis', 'ED Diagnosis', 'Prescriptions', 'Outpatient Medications', 'Medicine Reconciliation', 'Discharge Instructions', 'ExitCare Discharge Instruction', 'Followup Instructions', 'Radiology Tests', 'Labs', 'I-STOP: Prescription Monitor', 'Bilable Procedures were', 'Procedures', 'NYP I-STOP', 'Disposition', 'Attending Attestation', 'Level of Care', 'ED Attending Medical Scribe Attestation', and 'Meaningful Use - CCDA Capture'. The main content area includes sections for 'Bilable Procedures were', 'Procedures', 'NYP I-STOP', 'Disposition', 'Attending Attestation', and 'Level of Care'. The 'Disposition' section has radio buttons for 'Stable' and 'Unstable', a checkbox for 'Virtual Visit', and a dropdown menu for 'Disposition'. The 'Attending Attestation' section has a text area for 'I have seen face to face and examined the patient: reviewed the Resident/PA/NP's history, examination, assessment and plan, and agree with the findings and plan.' The 'Level of Care' section has a dropdown menu for 'Level of Care' and a text area for 'Critical Care Time: I spent minutes of Critical Care time (excluding separately billable procedures) involving high complexity decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ system failure and/or to prevent further life threatening deterioration of the patient's condition.' The 'ED Attending Medical Scribe Attestation' section has a text area for 'I have seen face to face and examined the patient: reviewed the Resident/PA/NP's history, examination, assessment and plan, and agree with the findings and plan.' The bottom right corner has a red box around the 'Save' button.

Figure 25: Disposition section

1. Within the ED Telehealth Note, there are several required elements in the Disposition section. Some of them include Procedures, Diagnosis, etc.
2. Arrow – **Stable**: obvious but required.
3. Arrow – **Virtual Visit**: in order to be counted as a virtual visit.
4. Arrow – **Disposition** -> Discharged: required as per protocol.
5. Box – Remember to **<Save>** your note!
6. Congratulations, you have completed your ED Telehealth Note.
7. Remember to place an ED Discharge Order (as well as an ED HIV Test: not required::Other::Telehealth) in order to have visit instructions upload to the patient portal -> myNYP.org.

Troubleshooting Notes