EHR TIPS & TRICKS
LEARNING TO LOVE THE EHR

JASON S. CHANG, MD
UNIVERSITY OF PITTSBURGH EMERGENCY MEDICINE
FACULTY EDUCATION RETREAT
DECEMBER 12TH, 2018
QUICK TRICKS

- **Shortcut buttons – Firstnet Tracking Shell**
- **Direct open to patient’s chart (double click)**
- **Right click to add order shortcut**
- **Banner Bar scroll**
- **Hover functions**
- **Discern list – printing a useful patient list**
- **Creating and populating your own Patient List tab**
- **PDMP Access**
- **Reprinting Rx’s**
- **Copy or cancel/reorder of orders (batching)**
- “**All Documents” tab to EPIC**
- **Order screen column adjustment**

DEPART TRICKS

- **IMO box**
- **Favorite follow-up clinics**
- **Jumping follow-up to Instructions tab**
- **Signing discharge order and Rx simultaneously**
- **Printing Rx w/o opening depart process**

FAVORITE ORDERS

- **Organize folders - reduce screen space**
- **Creating folders/subfolders**
- **Pre-populated repeating orders**
  - **EKG**
  - **CXR**
  - **CT head**
  - **Opioid doses CT scan a/p (oral/IV contrast combos)**
- **Adding favorites from department home screen**
- **CSF orders & special orders (CT venogram, MRI orbits)**
- **Discharge prescription favorites – absolute must**

DOCUMENTATION TRICKS

- **Powernote Adjustments**
  - **Adjust filter so that you see “All Powernotes” not “ALL”**
  - **Saving pre-completed templated note**
  - **Hiding the autopopulation window**
  - **Refreshing the autopopulations**
  - **Creating autotext pull-in templates (“dot phrases”)**
    - **ED labs**
    - **ED vitals**
    - **ED meds given**
    - **Create your own (examples EKG, critical care)**
    - **Pre-completed “ultrasound”**
  - **Skipping to sections in PowerNote**
  - **Clearing macros in PowerNote**
  - **Using pictures in PowerNote**
    - **Teeth**
    - **Sinuses**
    - **Abdomen**
    - **Perineum**
    - **Body – front or back**
    - **Skin – most extensive options**

DRAGON TRICKS

- **Open a separate dialogue box**
- **Setting Dragon button to transcribe text**
- **Making Dragon templates**
SHORTCUT BUTTONS
### SHORTCUT BUTTONS

- **Add order**
- **View labs/rad**
- **Open powernote**
- **Assign yourself**
- **To discuss later**
- **Initiate depart**

---

**Menu Screen**
DIRECTLY OPENING TO PATIENT CHART
**DIRECTLY OPENING A PATIENT CHART**

Double click here!

<table>
<thead>
<tr>
<th>Loc</th>
<th>Bed</th>
<th>Vis Age/Name</th>
<th>Iso</th>
<th>Chief Complaint</th>
<th>LOS Physician Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Check In</td>
<td>87 y</td>
<td>Benson, Bruce</td>
<td></td>
<td>fever</td>
<td>19221</td>
</tr>
<tr>
<td>Check In</td>
<td>33 y</td>
<td>Kent, Martha</td>
<td></td>
<td>malaise</td>
<td>19221</td>
</tr>
<tr>
<td>ER, 11</td>
<td>35 y</td>
<td>Jenkins, Molly</td>
<td></td>
<td>headache</td>
<td>19221 SIMTrain</td>
</tr>
<tr>
<td>ER, 12</td>
<td>28 y</td>
<td>Redding, Ruby</td>
<td></td>
<td>ab pain and vomiting, +hcg</td>
<td>19221 SIMTrain</td>
</tr>
<tr>
<td>ER, 13</td>
<td>21 y</td>
<td>Dew, Montana</td>
<td></td>
<td>spotting, hcg+</td>
<td>19221 SIMTrain</td>
</tr>
</tbody>
</table>
QUICKEST ADD ORDER SHORTCUT
“ADD ORDER” SHORTCUT

Right click on the patient’s line

Dropdown menu will appear

Select “Add Order”

Bypasses opening patient chart. Faster than using shortcut button.
BANNER BAR SCROLL – ACCESS TO ALLERGIES
While adding orders it can be hard to see allergies. Allergies are visible on the order screen by scrolling. Use the scroll bar on the far right of the blue banner – scroll down. This avoids having to close the order screen to see allergies first.
HOVER FUNCTIONS
Hover the cursor over lab or rad column to open the order status screen.
PATIENT LIST RETRIEVAL
There are several options to retrieve your patient list.

To obtain the most useful one, hit the discern shortcut button.

Select “Patient For Care Provider”.
In new window, set parameters

Click save default so the next time you open this, you won’t need to re-enter parameters to retrieve the same list

Hit run when ready
There are other ways to print patient lists.

Advantages of this report:
1. You can open the patient’s chart by clicking on the patient name on the report
2. Includes the resident & nurse who saw the patient with you

Disadvantages:
1. Even if you unassigned yourself, if at any point you assigned yourself to a patient, he/she will appear on your list
2. When the report screen is open, you cannot access the tracking shell

Hot tip: combine this list with a personal patient tab list (see next section). You can easily add patients to your tab list and keep track of those who still need a completed note.
CREATING YOUR OWN PATIENT LIST TAB
Adding the patient to your list

Click the wrench to manage your patient list tabs.
Click “new” to create a new list, then select “custom”
Create a personalized name for your new patient list, then hit finish.

The new custom name will appear in your available column. Highlight it and transfer to the active column, and hit “OK.”
Now you have a newly created personalized patient list.

Now go back to your patient window, and add the patient to your new list.
If you’re in the patient window, go back to your patient list tab.

Now refresh your screen by hitting this time button.

And now your patient is in your personalized list.

Hot tip: When doing your documentations, this is a handy tab to keep updated. Remove patients when you have completed their note.
PDMP ACCESS
PDMP ACCESS (YOU PROBABLY ALREADY KNOW THIS!)
RE-PRINTING PRESCRIPTIONS

WITHOUT GOING THROUGH THE DEPART PROCESS
RE-PRINTING PRESCRIPTIONS

Highlight the Rx's to reprint

Right click on the highlighted Rx's
REPEATING OR RE-ORDERING PRIOR ORDERS
Highlight the orders to copy: Hold control to select multiple orders

Right click on the highlighted Rx's

Useful for:
1. Labs that clotted and need to be reordered
2. Repeating a dose of medications (think sickle cell patient care plan)
3. Quick way to cancel then reorder an order that needs to be modified
ACCESSING EPIC – FROM CERNER
RESIZING ORDER COLUMNS

SAVES REAL-ESTATE ON THE SCREEN
## Resizing Order Columns

### Hover cursor over the column break

1. Click on the column break to activate the resizing handle.
2. Hold the mouse button down and adjust the column width to fit more items on the screen.

### Hold and adjust column width to fit more items on the screen

1. Click and hold the column handle to resize the column.
2. Release the mouse button to set the new column width.
### RESIZING ORDER COLUMNS

<table>
<thead>
<tr>
<th>Application</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allows more items to fit on a single screen – less scrolling right to get to the Zofran!</td>
<td></td>
</tr>
</tbody>
</table>
DEPART TRICKS
Can initiate depart without going back to tracking shell.
Place a cursor in this box and start typing your diagnosis.

As you start typing, it matches existing ICD10 codes.
To add an item to favorites, add it to the follow-up list and then right-click. Select "add to favorites".
Hit the “Instructions” tab rather than clicking “Sign” at the bottom

Avoids a clipboard in depart screen
While ordering discharge prescriptions:

First make your discharge med selections:

Before signing, click on this dropdown menu:

Select Inpatient:

This will take you to your general order screen where you can select depart order:

Menu Screen
You can now sign both your discharge depart order and your prescriptions at the same time. Avoids another clipboard.
ORDERING PRESCRIPTIONS WITHOUT OPENING DEPART SCREEN

Open typical order screen

Click on this dropdown menu

Select “Discharge Meds as Rx”

This will take you to your default discharge prescriptions screen
CREATING YOUR FAVORITE FOLDERS & ORDERS
FAVORITE FOLDERS

GENERAL CONCEPTS:

1. REDUCE OCCUPIED REAL ESTATE – AVOID SCROLLING
2. ORGANIZE ITEMS BY CATEGORY
3. MAINTAIN PERSONAL CONTROL OVER ORGANIZATION
4. REDUCE NEED TO USE KEYBOARD
5. CREATE PSEUDO-ORDER SETS
6. SAVE SPECIAL ORDERS THAT YOU MODIFIED YOURSELF FOR FUTURE USE
FAVORITES FOLDERS – CREATING FAVORITE FOLDERS/SUBFOLDERS

Open typical order screen

Click on this small arrow next to the star
Order the item

Fill out parameters/instructions per your preference

This is a high value time saver!!
FAVORITE ORDERS – OTHER EXAMPLES OF PREPOPULATED UTILITY

CT Abdomen and Pelvis w/ Contrast
Stat, IV contrast only, abdominal pain and tenderness:
CT Abdomen and Pelvis w/ Contrast Stat
CT Abdomen and Pelvis w/ Contrast Stat, w/ oral and IV contrast
CT Abdomen and Pelvis w/o Contrast Stat, No oral or IV contrast. Re:
CT Abdomen and Pelvis w/o Contrast

- Dilaudid
  0.5 mg, IV Push, ONCE, Drug Form: Injection
- Dilaudid
  1 mg, IV Push, ONCE, Drug Form: Injection
- Dilaudid
  2 mg, IV Push, ONCE, Drug Form: Injection
You can add orders directly from ER Home Folders by right clicking and "Adding to Favorites"
When ordering a prescription – before you sign it, add it to favorites. It will appear in your Discharge Meds Folder.

**High value time saver!!**
DOCUMENTATION TIPS & TRICKS
DOCUMENTATION TIPS & TRICKS
FILTERING POWERNOTE VIEWS

This has no filter and shows excessive powernotes

Filtered for pertinent notes: Select “All PowerNotes”
PRECOMPLETED TEMPLATED NOTES
I personally conducted the history & physical exam on this patient. I also reviewed & discussed the case with the resident and agree with his/her assessment & plan. I have also reviewed the nursing care and agree with their reports.
### Review of Systems

- **Constitutional:** No fever, no chills.
- **Eye:** No blurring, no visual disturbances.
- **Respiratory:** No shortness of breath, no cough, no wheezing.
- **Cardiovascular:** No chest pain, no palpitations.
- **Gastrointestinal:** No nausea, no vomiting, no diarrhea, no abdominal pain.
- **Genitourinary:** No dysuria.
- **Gynecological:**
  - Pregnancy Information (As documented by Nursing):
    - **Gravida (Pregnancies):** 6
    - **Para (Births):** 6
- **Immunologic:** No malaise.
- **Musculoskeletal:** No back pain, no joint pain, no trauma.
- **Integumentary:** No rash.
- **Neurologic:** No numbness, no headache.
- **Psychiatric:** No anxiety, no depression.

### Physical Examination

- **General:** No acute distress.
- **Eye:**
  - **HENTS:** Normocephalic; Oral mucosa is moist.
  - **Nose:** Supple, Non-tender.
- **Respiratory:** Respirations are non-tubular, Symmetrical chest wall expansion.
- **Cardiovascular:**
  - **Rate:** Normal rate, Regular rhythm, Normal peripheral perfusion, No edema.
- **Gastrointestinal:** Soft, Non-tender, Non-distended.
- **Musculoskeletal:** Normal range of motion, No deformity.
- **Integumentary:** Warm, Dry, No rash.
- **Neurologic:**
- **Psychiatric:** Cooperative.

### Review / Management

**Vitals:**

- **12/12**
- **Temp:**
- **BP:**
- **Pulse:**
- **RR:**
- **SaO2:**
- **FiO2:**
MAKING A PRECOMPLETED NOTE

1. Initiate a standard note as a base.
2. While in editing mode, click on “documentation”.
3. Make your desired templated changes.

Saved note will appear in your “precompleted” tab when initiating a new PowerNote.
EXAMPLE OF ANOTHER PRECOMPLETED NOTE
“SIGN-OUT ADDENDUM NOTE”

University of Pittsburgh Medical Center

Patient
Age:
Associated Diagnoses: None
Author: CHANG MD, JASON

Visit Information
Visit Information
Visit Information
Patient seen on *** / Patient not seen / OTHER

Findings
This patient was signed out to me from my colleague. The following is an addendum to the patient’s emergency care:

Impression and Plan
Impression:

Disposition:

Professional Services
Credentials Title and Author
Credentials: MD.
Title: Attending.
This window probably appears every time you start a new PowerNote. It can be turned off.

High value item to reduce annoying pop-up.
Open add new note in PowerNote 2G

click on “view”

Next time you start a new note, that extra window will not appear and the previous autopopulation settings will be defaulted.
While in editing function of a PowerNote, hit the upper right hand corner refresh button. It will ask to update all autopopulated values.

This is particularly useful when nurse has not completed their triage note and you already started your PowerNote with no vital signs or chief complaint. Refresh to pull in updated values.
While in active editing mode of a Powernote click below:
(cursor must be in a blank text area)

This button will open a new screen:
You can fill in any value in this area via plain text. Use the abbreviation box above to recall the entered value in your note.

You can also insert ED templates to pull in completed labs, vitals, and meds.
As I type in my set abbreviation ".meds" Autotexting will then pull in the meds administered up to that point. Refresh later if more meds have been given.

Hot tip: if you add "anesthesia labs" – this will give you the more readable "fishbone" format for labs.
Allows you to jump within the body of your note without having to scroll around.
By hitting this button, all the selected items in your macro of that section will be cleared.

This is particularly useful in a patient who is intubated and you need to clear a precompleted ROS or Exam that could not be obtained.
Look for “Drawing ____”
- HEENT – sinuses/face
- Heent – mouth/teeth
- GI – Abdomen
- GU – perineum (explicit)
- Mskel – body (front/back)
- Integumentary – extensive skin options
DRAGON TIPS
Dictating into this box is usually faster and more accurate. It does run the risk of losing information when trying to transfer text.
Transferring dictated text to body of Powernote is typically completed by saying “transfer text.” It is more reliable to set a button on the mic to transfer text.

To set up this button, open “options” from Dragon Tools. Open PowerMic Tab. **Click the following series**

Menu Screen
The patient presents with a chief complaint of chest pain. Differential diagnosis considered includes [chest wall pain, pleurisy, pneumonia, pulmonary embolus, GERD, esophagitis, gastritis, anxiety, stress reaction, costochondritis, acute coronary syndrome, aortic dissection, pericarditis, myocarditis, or pneumothorax]. All labs and diagnostic studies were reviewed as above. Overall suspicion for a pulmonary embolus, aortic dissection, or pneumonia was low given the lack of evidence in the history or work-up. Acute MI was low to moderate probability, but HEART SCORE calculated and <3. Risk of MACE in 30 days less than 1.3%.

During the patient's ED course, there was no instability or concerning vital sign abnormalities. [Chest x-ray was reviewed and unremarkable.] First troponin and EKG were reviewed and negative for ischemia. There was no indication for initiating beta-blockade or heparinization at this time. [The patient was given a full dose aspirin during the ED stay.] The patient had already taken a full dose aspirin prior to arriving in the emergency room. Chest discomfort was mild and controlled during ED stay. Given low risk for significant pathology and reliability of patient for follow-up, we discharged the patient home for continued outpatient work up.

[other comments]
Procedural Sedation Note:
Intraservice Time = [ ] minutes
ASA Classification = [1]
Mallampatti Score = [2]
Agents used = [propofol] [ketamine] [fentanyl]
The patient consented to procedural sedation after verbally reviewing the risks and benefits of the procedure. Risks include allergic reaction, hypoxia, aspiration, hypotension, oversedation requiring ventilation assistance, headaches, and residual delirium. Pt understood risks and consented.

Patient was connected to all cardiac and respiratory monitors including continuous capnography. RT and nurse present during procedure. Airway equipment at bedside. Pt was sedated without issue. The patient required [ ] minutes of ventilatory support and had [no] episode of hypoxia. No complications during procedure. I was present during the entire duration of the sedation. Pt awoke and reverted to baseline mental status without any issue.
HOT TIP: DRAGON TEMPLATES CAN BE TRANSFERRED FROM USER TO USER

- In Dragon toolbar – go to tools
- Select “command browser”
- Highlight your user templates
- In left column – select “export” to save your templates to a file
- This can be imported into another person’s profile
Good Luck!