Valley Outpatient Orientation for Residents

We look forward to working with you in Bascom Urgent Care. Included below is the usual schedule, general Urgent Care Clinical workflow, and a few HealthLink (Epic) Tips.

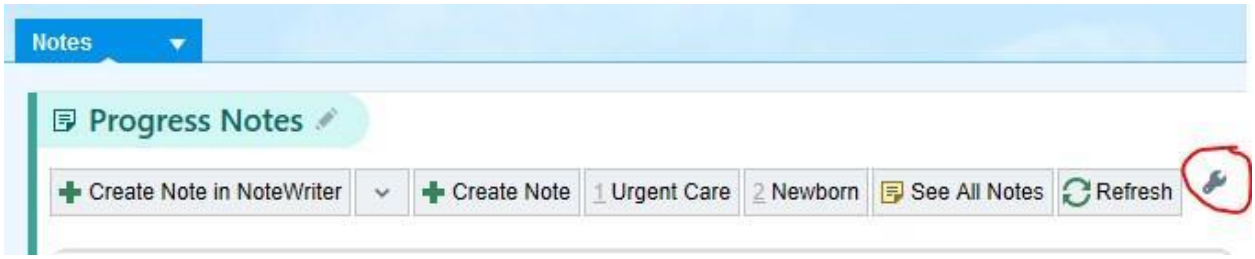
Schedule

- M, Tu, Th*, F: Start at 8:30am
- Wednesdays and 3rd Thursday Odd Months: 9:15 am
- 2nd Thursday each Month: 9:00 am

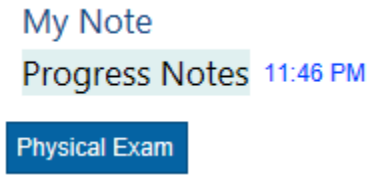
We look forward to working with you in San Jose Clinic Urgent Care. We are sending you a few HealthLink Tips. See the information below on general clinical workflow, writing notes, and working the results pool for Urgent Care (VOP). Screen-shots for some of the steps are attached at the end.

Note Workflow

- Create a blank note and use the SmartPhrases .PEDUCNOTERESIDENTS (routine Urgent Care visits) or .NBCRESIDENT (for newborn weight and jaundice checks) or .TELEHEALTHNOTERESIDENT (for telephone or video visits). You may have already created speed buttons for these notes during orientation. If you need to update (or create) your speed buttons for these new note templates—use the wrench next to note buttons to do so.



- F2 through the note to complete all of the needed fields.
- In the Urgent Care note, you have several options for documenting the physical exam:
    - Click the Physical Exam button at the top of the note to open Notewriter and click on checkboxes to document your PE. You can save macros of common exams.



    - Type .PHYSICALEXAMTABLEUNCHECKED to document your pertinent positive and negative findings
    - Type .PEDPE00FOCUSED to have a general normal exam that then you will edit according to your findings and what areas of the exam you performed.

- We recommend one of the last two options as they involve less “clicks” and will save you time.

- Before completing the A/P section, always enter Visit Diagnoses for every patient and associate your orders with a diagnosis
- In the Assessment/Plan section of the note you may use .DIAGMED to pull in the diagnoses and associated orders.
- At the wild card (***) under each diagnosis you can enter prose as needed for your assessment and plan (use F2 to highlight them and type to replace the wild card with text). We have created many A/P SmartPhrases for common diagnosis that can be pulled into the note here using .PXXX, where P is for plan and XXX is the diagnosis, e.g. .PURI or .PAOM for assessment/plans for URI and AOM.

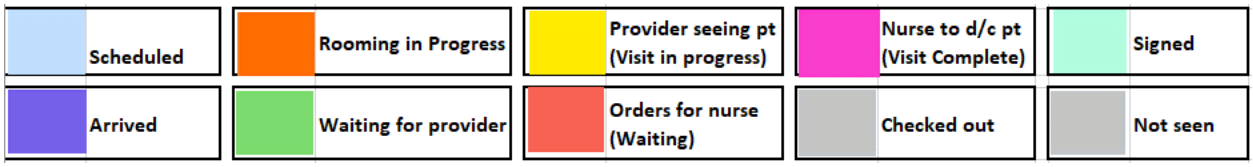
- ***When your note is complete, route it to the attending using the Follow-up screen*** (*See screenshot below)

Reminders

- Always enter Visit Diagnoses for every patient
- Associate your orders with a diagnosis
- Pend your prescriptions but you can sign other orders
- **Remember to work your In Basket and try to keep it cleared out.**

Junior and Senior Residents Clinical Workflow

- Click on the TrackBoard icon
- Instead of the dots on the schedule, we use status on the TrackBoard, so please update the patient’s Status as you progress through the visit



- **Accept** a patient from the board (cross them out on the white board and write your initials), on Healthlink right click on the patient and add yourself to the “visit treatment team”
- **Preview** the patient, open the chart in HL:
  - Open Chart Review and review recent encounters or notes
- **See** the patient and chart as you go as able in Progress Note section
  - Review and click “Mark as Reviewed” for the patient’s meds, allergies, and Problem List
- **Present to Preceptor (attending)**
  - Choose any available attending and present the patient
  - See the patient and finalize the plan

- **Place orders** via a SmartSet or in the Meds & Orders activity in the Visit Navigator or at the bottom task bar at the left
    - POCT, Meds, labs, diagnostics, nurse procedures etc. When ordering a med to be given in clinic, choose “Clinic Administered Meds” that have a syringe next to them.
    - When you are ready for orders to be carried out, sign orders and place sticker on order tracking log on RN desk
    - SmartSets include: Asthma (HHS AMB UC PED ASTHMA), UTI, AGE, and Microbiology
- **Complete the visit**
    - Finish Charting: make sure to F2 through your note to complete all variables/wildcards, and sign your note (change the field at the bottom to “sign on closing note”)
    - Add Patient Instructions by clicking on References (along the top) and choosing an appropriate handout. You can also type directly into the Patient Instructions field.
    - To discharge the patient, print and give the AVS for patients <12 years old. Ask the attendings for guidance on patients > 12 years old.
    - Close the patient file with the X in upper tab.

Telehealth Workflow

- Look for the video camera icon or phone icon on the TrackBoard to indicate that a visit is a Telehealth visit
- You can double click on a patient to open their chart, but DO NOT ‘Arrive’ the patient in the BPA or ‘Start the Visit’ until you reach them. Once you reach them, first ‘Arrive’ the patient then ‘Start the Visit’, in that order.
- Call the patient and confirm with two identifiers (e.g. name and date of birth). Get their consent for a Telephone visit by asking if they are ok doing the visit as a phone or video visit. If they prefer an in person visit, check with the nurses to see when the next available in person visit is. Based on the visit we can decide if they need to be seen in person. Conduct the visit and then place them on hold and staff with an attending.
- Update the status of the patient as you progress through the telehealth visit.

Telehealth

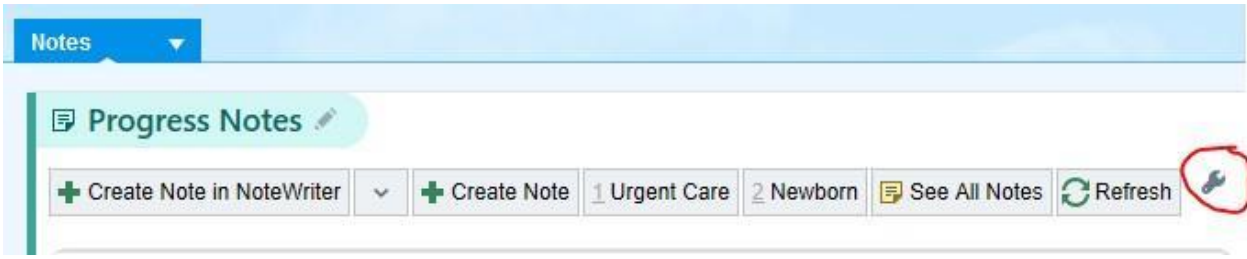
Waiting for Provider	Right-click to manually switch to green for Telehealth to assume patient while attempting to call.
Visit in Progress	Provider ‘Changes Provider’ or Residents starts visit, right-click to manually change to yellow, Arrive & Start Visit with BPAs. Auto change after Arrival: Provider documenting CC, vitals, meds, Prob list, or starts a note.
Not Seen	Right-click to manually switch to Not Seen to specify multiple attempts to reach patient with no answer, no further attempts
Scheduled	Leave in this status if still attempting to contact, leave Appt Notes for attempts. When no further attempts, change status to Not Seen

    - **If you need an interpreter,** you can call Language Services at the extension below first and they will 3-way call the patient for you:

        286151 Spanish

286150 Other
286152 Vietnamese

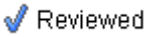
- **What to do if you cannot reach a patient**
  We recommend trying to call the number again immediately after initially going to voice mail to see if they will pick up. If not, change the status to Scheduled and attempt to call again after your next encounter. Try one more time to reach the patient in the subsequent shift, and if still unable to reach them, click the 'No Show' button on the schedule and document your attempts to reach the patient there. Then change the status to Not Seen.
- **Charting**
  Start a note using .TELEHEALTHNOTERESIDENT smartphase. It is helpful to add it to your speed buttons using the wrench tool:



Type "TELEHEALTH" in the SmartPhrase box and select "TELEHEALTHNOTERESIDENT" and accept. It should now be on your toolbar

Working the Pool results

While in urgent care, juniors and/or seniors are expected to stay logged into the Urgent Care pool to check results and messages. **If the junior is not present, then it is the responsibility of the senior to cover the In Basket.**

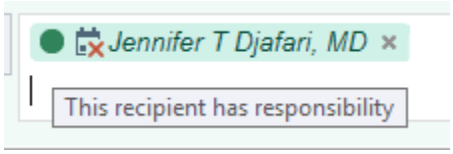
- You can access results and messages from the In Basket; make sure you are logged into the pool (In In-Basket click Edit Pools, then check SJC PEDI ACUTE UC PROVIDER, see the screen shots below)
- All results and messages need to be addressed and "Reviewed" 

(cleared/removed) from Pool.
- When a lab is **normal** you can simply click "Reviewed" to remove it from the list, unless otherwise charted in the UC note
- **Result Note:** You can attach a comment to a result for future providers reference by placing a Result Note attached to the lab (like writing something on a paper lab report). Click on the "Result Management" and enter a note in the Result Note field, e.g. "Ucx positive, on appropriate therapy" or "Mild anemia, forwarded to PCP to follow up" or "See Telephone Encounter from 2/11/23". If they have MyHealth Online, use the "MyHealth Online Comment field" to add a comment to the result for the patient to view on MyHealth Online.
- For **abnormal results** that require intervention:

- Open a telephone encounter (Epic Button -> Patient Care -> Telephone Encounter or for easy access, click the wrench in the upper right corner of the screen to add Telephone Call to the upper toolbar)
- Place orders such as meds or labs in the Meds/Orders section
- Click on Documentation to write a note about what actions were taken
- Use the Doc of the Day attending (DOD) as a supervising provider if needed and cc the note to them (Routing)
- Close the encounter

- **Forwarding results:** if you wish to forward a result to a PCP or a Specialist there are **two options**. You can **1) Reassign responsibility** for working the result **or 2) send it as an FYI**. The default is to reassign responsibility – when you click the forward button for the result (first screen shot) and select a provider, they will have a solid green dot in front of their name. If you hover over the dot (second screen shot) you will discover the recipient "has responsibility". To change it to FYI, click the dot, it will change to an open circle (third screen shot). You should reassign responsibility if it appears the order was not associated with an UC visit, but send an FYI if the order was associated with an UC visit.







Reminders

- **Remember to work your In Basket and try to keep it cleared out.**
- **It is the responsibility of the senior to cover the In Basket when the junior is not present.**
- **The junior is expected to see patients while also covering the In Basket.**

- **Going off service**
  - When you leave the rotation we ask that you change your in-basket status to Out of Office and assign the incoming resident replacing you as your delegate to cover any

messages that may come to your in-basket. Also make sure to check yourself out of the pool (Edit Pools uncheck SJC PEDI ACUTE UC PROVIDER).

- Set Out of Contact by clicking the  button, in the upper right hand corner of screen, set the dates for one year (or as appropriate) and then choose the on-coming resident as the delegate OR an attending, then Accept.

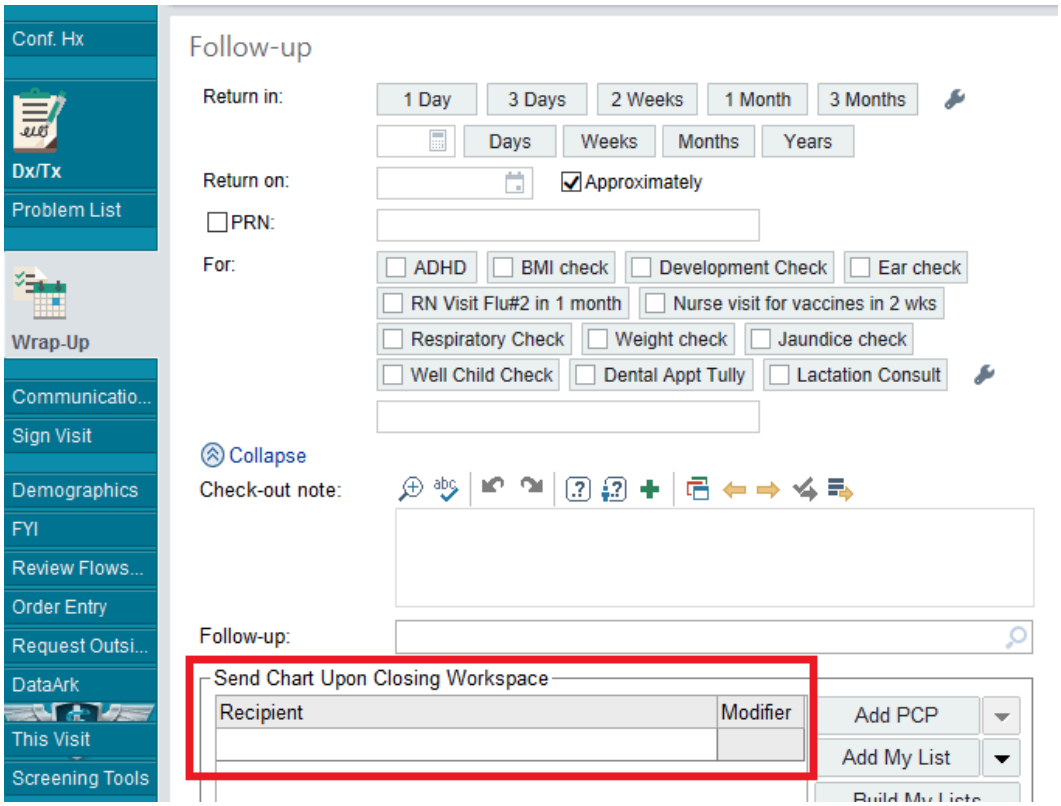
Please feel free to email or call Jenni Djafari or Dan Vostrejs if you have any questions or problems with HealthLink during your two weeks in Urgent Care. During your rotation, please let us know if there is other information that would have been helpful to receive before starting.

Jenni Djarafi (jennifer.djafari@hhs.sccgov.org)

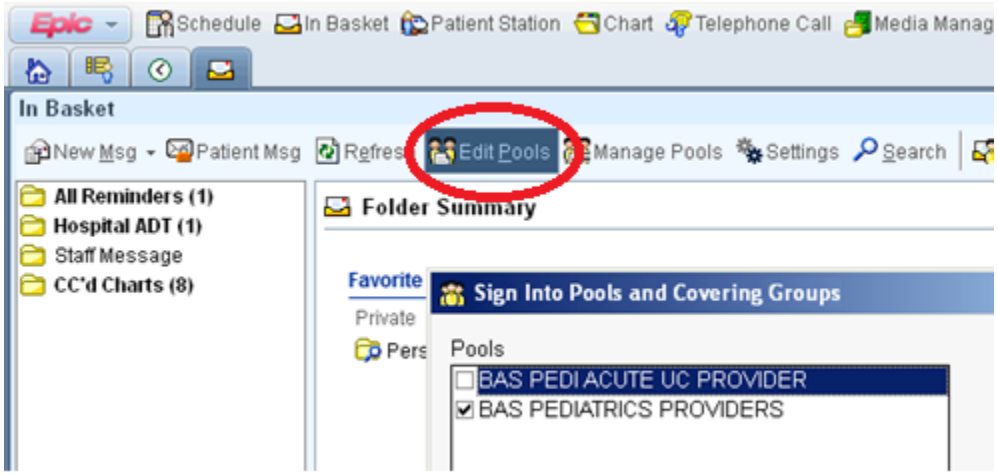
Dan Vostrejs (daniel.vostrejs@hhs.sccgov.org)

SCREEN SHOTS

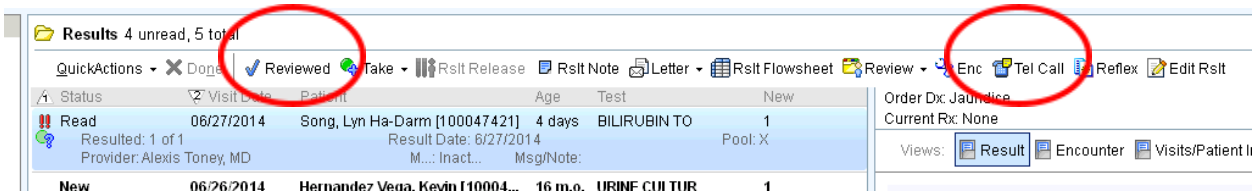
How to route your note from the Wrap-Up Section: Within the Follow-up field**,** under "Send Chart Upon Closing Workspace", click the Add PCP button or enter the provider's name you wish to route your note to into the Recipient field.



How to add yourself to the UC Pool: click Edit Pools, then check BAS PEDI ACUTE UC PROVIDER



How to mark a result as "Reviewed" and to initiate a "Telephone Call" encounter to document patient management of results when patient contact is necessary.



How to check on the preceding Resident's attached in-basket: in lower left hand corner, click on "Attached In Baskets"

How to mark yourself "Out of Contact" when rotating off VOP - set the dates for one year (or as appropriate) and then choose the on-coming resident as the delegate OR an attending, then Accept**.**

