



Physicians, APNs, and PAs Newsletter "AMBULATORY"

Volume 1, Issue 81 February 2024

Thank You!

From February 3 to February 5, NLH experienced the longest downtime since implementation of the EHR. The CNIOs, CMIOs, and VP of Digital Transformation and Performance would like to commend everyone on the amazing teamwork we witnessed. This experience identified process improvement opportunities in several different areas. Teams will be assembled to address the various challenges over the coming weeks.

For **those who worked during this downtime**, THANK YOU. Your flexibility and focus on the delivery of high-quality safe patient care did not go unnoticed.

To the members of our **IS team** who selfishly gave their time and talents over the course of the weekend to ensure our environment was safe and restore our EHR as quickly as possible, THANK YOU.

To our **Clinical Informatics staff** who provided support to ensure critical patient information was restored to the EHR, THANK YOU.

The patients served by NLH are extremely fortunate to have such dedicated teams work together to ensure the delivery of care continued uninterrupted. THANK YOU!



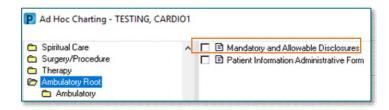


Mandatory and Allowable Disclosures

Where can mandated reporting be documented?

Mandated reporting is documented in the **Mandatory and Allowable Disclosures** form located in numerous Adhoc folders. Ambulatory practices will find the form in the Ambulatory root folder.

Click <u>here</u> for more information about the Mandatory and Allowable Disclosures form.



| Admission/Transfer/Discharge Assessments Care Management Surgety/Procedure OB/GYN Inpatient Documentation Dialysis Cardiac/Pulmonary Rehab Infusion Clinic Charges IRF Therapy All Items | □ Activities Assessment □ CSSRS Frequent Screener □ CSSRS Risk Assessment □ CSSRS Risk Assessment □ Dovertilide (Tikosyn) QTc Monitoring □ Dovertilide (Tikosyn) QTc Monitoring □ Downtime Reference □ ED/IP Preprocedure Checklist □ Edinburgh Postnatal Depression Form □ Fentanyl Patch Verification (every shift) □ Height/Dosing Weight □ Immunization Screening □ Immunization Screening □ Iko (NICU) □ IV Medication Drips □ Niew Proxy Charting □ Lactation Care Form □ Leave of Absence Medical/Therapeutic □ Med Response |
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eConsults

Some eConsult orders are still being initiated on Between Visit FINs. When placing an eConsult for a patient, remember the following:

- Place the appropriate eConsult order on the FIN the visit occurred.
- Obtain verbal consent from the patient.
- Use the /econsult* autotext within the Assessment & Plan, which will also document the patient's consent.
- Complete the questions. This becomes part of the Office Visit Note, once signed, which will be sent with the referral.

The eConsult flyer may be accessed here.

1. Anemia [D64.9]

E-Consultations:

Patient verbalized consent for the E-Consult and understands that this is a billable service which may or may not be covered by insurance.

Question to be answered:

(Detailed description describing the area of concern; avoiding incomplete phrases/thoughts, more than just a chief complaint).

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Referring Provider History: (Additional Information not included within your note, supporting history/background/course of illness, pertinent imaging/labs:

(Indicating other areas within the chart pertinent to the E-consult to support Subspecialist review is helpful).

Time Spent: _____

Note: E-Consults are typically returned within 3 business days

For MGH Adult/Peds Dermatology E-Consult activate the following auto text:

/econsult_mgh_derm

For MBPHP E-Consult activate the following auto text:

/econsult_mbph