

---

**This Quick Reference Guide (QRG) reviews the workflow for an Acute Cardiologist.**

---

### **Review the Provider View for Cardiology**

Here is an overview of the main screens you will use in the patient chart. When you log in you will be in the Provider View.

**Inpatient Cardiology 2018** – Workflow where documentation and chart review should occur. This page can be rearranged/customized to reflect your daily workflow.

**Inpatient Quick Orders** – Provides a quick selection of cardiology-focused orders. Here is where you will perform most of your order entry.

**Discharge** – Where you complete the discharge order, and discharge preparation and documentation. All items with a red asterisk must be completed.

**MPages View** – The Calculator tool within the Specialties option can help with different scales and assessments.

**Patient Info & Story** – Find flagged chart data entered by the clinician with some basic background information. Review critical points from nurse charting.

**Patient Timeline** – Allows for visualization of labs, lines, vents, meds, and vitals in a timeline view.

### **Complete the Admission Workflow**

Please note, **critical access hospitals require a new registration on inpatient admission and at change in patient status, while pay-per-service hospitals use one financial number throughout the visit.** See your hospital-specific policy for when the same encounter can be used, and when a new encounter must be created. Always ensure that you are on the appropriate encounter and the encounter is in an inpatient status before placing orders!

➤ **From Cerner:**

**STEP 1:** Add the patient to your patient list.

**STEP 2:** Click the patient's name to access their chart.

**STEP 3:** Establish your relationship to the patient.

**STEP 4:** Complete admission med rec in the Home Medications component.

**STEP 5:** Place the admission PowerPlan and any additional PowerPlans and orders as appropriate.

**NOTE:** **Common Cardiology PowerPlans include:**

Cardiac Admission/Transfer PowerPlan

Cardiovascular/Interventional PowerPlans

Critical Care Admission

---

**NOTE:** You can also use the New Order Entry component to search for commonly used PowerPlans such as (Please note, not all plans are available at all sites.):

AMI/ACS

TEE/Cardioversion

Cardiac Cath Inpatient

**STEP 6:** Complete the Admission H&P.

**STEP 7:** Create the note from the Workflow page, making sure you are on the correct inpatient FIN.

### **Consultation Workflow**

➤ **From Cerner:**

**STEP 1:** Add the patient to your custom patient list or proxy patient list, confirming you are on the correct encounter.

**STEP 2:** Establish your relationship to the patient.

**STEP 3:** Place any necessary PowerPlans and orders using the correct FIN from the Inpatient Quick Orders page.

**STEP 4:** Use Dynamic Documentation to create your Consult Note from the Workflow page.

### **Complete Daily Rounds**

➤ **From Cerner:**

**STEP 1:** Review and update your patient list for the day's patients.

**STEP 2:** Review the Provider Handoff.

**NOTE:** You can print the Provider Handoff, if desired.

**STEP 3:** Click the arrow next to the patient's name to quickly review IPASS, Clinical Data, and Care Team information.

**NOTE:** You can also access this information by clicking the severity rating in the patient's chart.

**STEP 4:** Review Patient Info & Story for flagged nursing annotations and results of interest. Also review documentation from the previous day and shift.

**STEP 5:** Begin daily rounds and provide direct patient care.

**STEP 6:** Update the Physician Handoff IPASS tab with any changes when direct patient care is complete.

**STEP 7:** Use Quick Orders to add, modify, and discontinue orders as needed.

**STEP 8:** Write your daily progress or consult note within your Cardiology 2018 page using auto-text, M\*Modal, or tagging.

**NOTE:** Only select Create Note once per patient per day to avoid creating duplicate notes.

---

**STEP 9:** Sign the note.

### **Transfer Level of Care**

➤ **From the Inpatient Cardiology 2018 tab in the patient's chart:**

**STEP 1:** Confirm whether the patient should keep the existing FIN or will be assigned a new one.

**NOTE:** If a new FIN is required, follow the Discharge and Re-admit workflows. Transfer Level of Care is only used when keeping the same FIN.

**STEP 2:** Place the Transfer Level of Care order.

**STEP 3:** Perform transfer medication reconciliation.

**STEP 4:** Enter new orders as needed.

**STEP 5:** Modify the Admission order to update the patient type and placement.

**STEP 6:** Document changes in a progress note.

**STEP 7:** Place the Transfer Order Complete order to indicate your provider processes are complete.

### **Discharge Workflow**

➤ **From the Discharge Mpage in the patient's chart:**

**STEP 1:** Complete med rec and ePrescribing in the Home Medications component.

**STEP 2:** Review the Problem List component to add and prioritize This Visit diagnoses.

**NOTE:** Use the Diagnosis Assistant for a more specific diagnosis when possible.

**STEP 3:** Add the Discharge Order from the Order Profile component.

**STEP 4:** Complete the Discharge Quality Measures PowerForm.

**STEP 5:** Fill in the Dynamic Documentation components for the following:

HPI

Discharge Physical Exam

Hospital Course

Patient Instructions

Follow Up Recommendations

**STEP 6:** Create and sign your note.

**NOTE:** Use Discharge Order note if you intend to dictate the Hospital Course to transcription. This will automatically CC the patient's primary provider.

**NOTE:** Use Discharge Summary note if you intend to use Speech-to-Text, or if you are going to type the Hospital Course.

---

**STEP 7:** Add additional recipients to review or cosign the note, if appropriate.

**STEP 8:** Once the patient is discharged, remove the patient from your custom or proxy list.