

Optimizing Efficiency and Sustaining Staff Engagement:

EHR Provider Efficiency Profile reporting at North Memorial Health

David Johnson, ACP, CP

North Memorial Health

Robbinsdale, Minnesota, United States of America



Disclosures

- No relevant financial interests to disclose.
- North Memorial Health utilizes Epic EHR

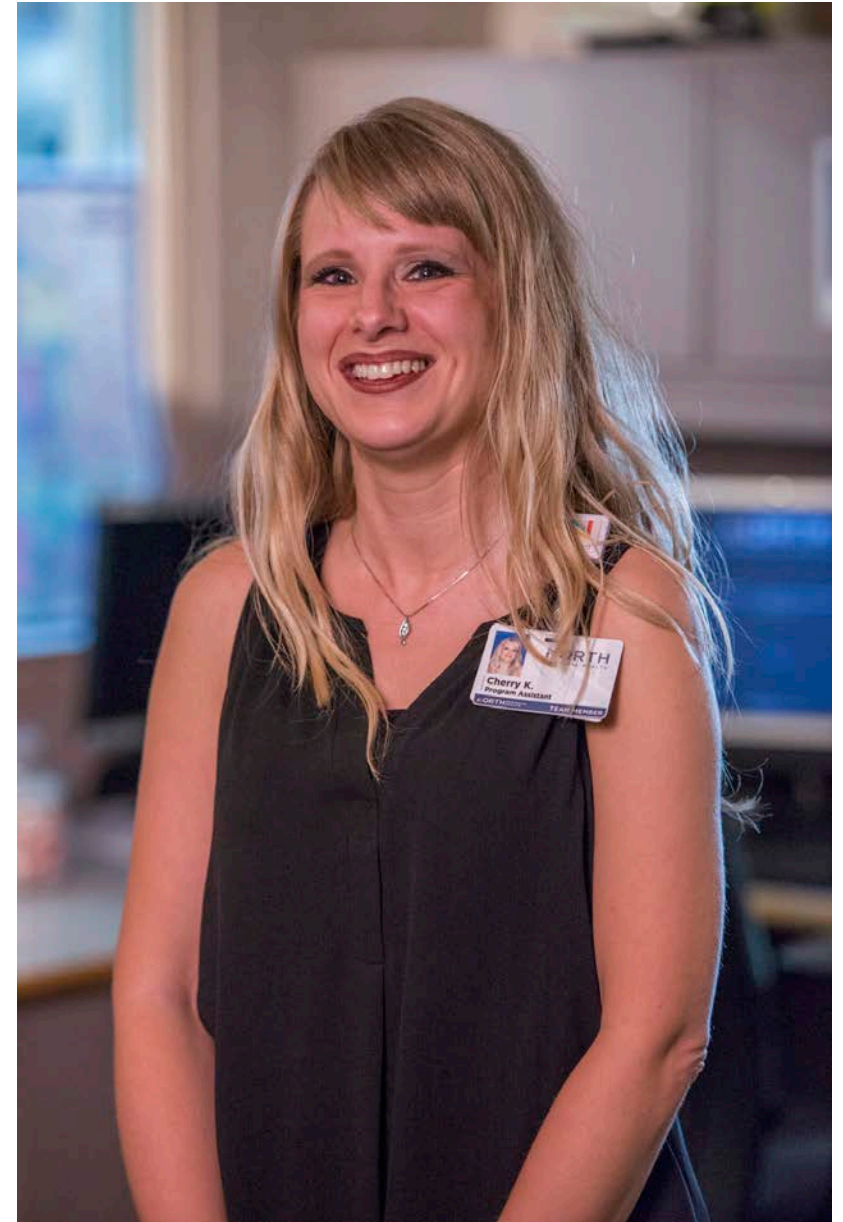


@WestMetroMedic



NMH CP's in Spring 2017

- Medicare (65+) heavy population
 - Frequent days of INR, INR, Wound Care, INR, Home Safety Eval
- Most billing was for only 15 minutes
 - Sympathetic CP staff based on history
- 8 Community Paramedics, 8 Documentation approaches
 - 177 Documentation Templates in use (Mar 2017)



Problem

- CP documentation presents concerns in
 - Time Management
 - Quality Assurance
 - Continuity of Care
- MN model built on fee for service reimbursement
- **Based on outbound billing, only 14% of staffed time was billed for**



8 Different charts.



- General guidelines given
- Some service lines scripted
- Wide variety in quality/complexity





Mike
Incredible
Storyteller

Ric
Granular
Understanding

Pete
Probably doesn't know
how to log in anymore

Elaine
Thoughtful and
Complete

John
Can Barely Type
Amazing Detail

Steph
Objective
and
Succinct

Dale
Systematic
and
Consistent

Customer: REDACTED Date of Birth: REDACTED MRN: REDACTED
Date of Service: 09/18/17

Home visit on 9/18/2017 was requested by Peterson, Grace C, MD.
Reason for visit: wound evaluation/care
Time in: 0809
Time out: 0826

Vitals Signs:

BP 129/87 (BP Cuff Site: Right arm, BP Cuff Position: Sitting, BP Cuff Size: Regular adult) | Pulse 66 | ~~Resp~~ 16 | SpO2 97%

Bleed Sugar last night 164 and this am 87 - he had no snack last night.

Skilled Observation

Cardiovascular: negative for chest pain and chest pressure/discomfort

Respiratory: negative for cough

Neurological: negative

GU: negative

GI: negative

Musculoskeletal: negative

Skin: See lower notes

Psych: Alert, oriented x 3; normal cognition, memory and judgement; normal speech, behavior and thought content.

Pulses: deferred

Wound Care Note

- ☐ Type: ulcer: pressure and diabetic, stage II
- ☐ Location: Right Heal
- ☐ Appearance: There is a green bruise around the wound. The rest
- ☐ Wound care existing dressing removed, wound inspected and cleansed with wound cleaner, bacitracin applied, wound covered with 4 x 4 , dressing secured with Kerlix and Tape micropore, soiled dressings and used care materials discarded in plastic disposal bag, wound cleansed with skintegrity.

Wound Care Note

- ☐ Type: ulcer: pressure and diabetic, stage II
- ☐ Location: Left Plantar Side
- ☐ Appearance: healing, no sign of infection
- ☐ Size: length 1.5 cm, width 1.0 cm, depth 0.3 cm
- ☐ Wound care existing dressing removed, wound inspected. I out ammonia nitrate on the dark areas and I let it sit while caring for his other leg. I later scrubbed these areas with little removal of the dark areas. I then cleaned it with wound cleaner, topical medication bacitracin applied, wound covered with 4 x 4 , dressing secured with Kerlix and Tape micropore, soiled dressings and used care materials discarded in plastic disposal bag, wound cleansed with skintegrity.,

Stephanie Elwell, Community Paramedic
Community Paramedic
North Memorial Clinics

Customer: REDACTED **Date of Birth:** REDACTED **MRN:** REDACTED **Date of Service:** 10/02/17

Time in: 1045
Time out: 1115

Location of Encounter:
REDACTED

Home visit on 10/2/2017 was requested by Peterson, Grace C, MD.

Present for this encounter was:

- REDACTED
- David O Johnson, Community Paramedic

Chief Complaint

Patient presents with

	Community Paramedic Visit
•	Wound evaluation/care

Discussion

Wound Care

REDACTED legs look comparatively very good.

The dressings placed last Friday looked mildly saturated with weeping coming from the right heel, left medial lower leg, and the anterior side of the left foot, slightly medial. There is no odor.

The right heel is most suspicious given the 1 cm halo of green around the perimeter of the wound that is about 1.2 cm across. There is also a site that looks concerning on the right heel and I would anticipate that it will be the next site to erupt.

All wounds were irrigated using wound cleanser. The sites had antibiotic ointment applied and gauze applied over them. The gauze was secured with roller gauze.

Compression ~~stocking~~ ~~gates~~ were applied over the lower legs after Aquaphor ointment was liberally applied. Compression socks were also applied.

REDACTED has an appointment with Dr. Felty next week for ongoing management of his leg wounds.

Blood glucose last night was 195 and 134 this morning. Ron reports no concerns or complaints.

Vitals

There were no vitals taken for this visit.

Goals		
•	<enter goal here> (pt-stated)	
	Keep pressure off feet as much as possible	
•	Blood Pressure < 140/90	
	Dose of labetalol has changed to three 200 mg tabs twice daily and he began this dosing on Monday 01/23/17.	
•	Check Blood Sugar	
	Check blood glucose twice daily in AM and at bedtime.	
•	General Goals for Diabetes	
	<ul style="list-style-type: none"><input type="checkbox"/> Follow carbohydrate meal plan as directed.<input type="checkbox"/> Test blood sugar as directed.<input type="checkbox"/> Take special care of your feet daily: wash and dry thoroughly; check for blisters, cuts, sores, redness, and swelling; wear clean socks and shoes that fit well; don't walk barefoot.<input type="checkbox"/> Aim for 150 minutes of physical activity per week.<input type="checkbox"/> Schedule a yearly eye exam to check for changes in the eye that can occur from having Diabetes.	

Plan

1. REDACTED to attend DPM and CDE appointment next Monday, CP visits this week per usual.

Community Paramedic visit on 10/6/2017 requested by Peterson, Grace C, MD
REDACTED was seen at client's residence today for wound care

Time in: 7:20
Time out: 8:00

Vital Signs:

BP 126/60 (BP Cuff Site: Left arm, BP Cuff Position: Sitting, BP Cuff Size: Large adult) | Pulse 62 | Temp 98.7 °F (37.1 °C)
(Temporal) | Resp 12 | SpO2 98%

Skilled Observation:

- ☐ Cardiovascular: negative, radial pulses were strong and equal.
- ☐ Respiratory: negative, lungs were clear.
- ☐ Neurological: negative, no changes were reported.
- ☐ GU: negative, no changes were reported.
- ☐ GI: negative, no changes were reported.
- ☐ Musculoskeletal: negative, no changes were reported.
- ☐ Skin: The skin of the lower legs were becoming lighter from ammonium treatment.
- ☐ Psych: Alert, oriented x 3; normal cognition, memory and judgement; normal speech, behavior and thought content.

Wound Care Note

- ☐ Type: ulcer: pressure and diabetic, stage II
- ☐ Location: left foot/toes
- ☐ Appearance: healing, no sign of infection and drainage clean, scant
- ☐ Size: length 2.0 cm, width 1.0 cm, depth 0.75 cm
- ☐ Wound care existing dressing removed, wound inspected and cleansed with hexachlorophene, topical medication Bacitracin applied, wound covered with 4 x 4, dressing secured with Kerlix and Tape micropore, soiled dressings and used care materials discarded in plastic disposal bag, wound cleansed with skintegrity.

Wound Care Note

- ☐ Type: ulcer: pressure and diabetic, stage II
- ☐ Location: right heel
- ☐ Appearance: healing, no sign of infection and drainage clean, scant
- ☐ Size: length 1.0 cm, width 2.0 cm, depth 0.5 cm
- ☐ Wound care existing dressing removed, wound inspected and cleansed with hexachlorophene, topical medication Bacitracin applied, wound covered with 4 x 4, dressing secured with Kerlix and Tape micropore, soiled dressings and used care materials discarded in plastic disposal bag, wound cleansed with skintegrity.,

Assessment/Plan:

No problem-specific Assessment & Plan notes found for this encounter.

REDACTED was seen in his apartment and wound care was done in his recliner. He was in a good spirit and had his day planned. His wounds looked better than last week, the last time I did his wound care. The ulcer on his left foot looked smaller and was filling in. The wound of the right heel was filling in and the green/yellow halo was about the same size. The Ammonium Lactate was still working, but REDACTED thought there was little change. It seemed to work best on the lighter areas. I can see that this will take time to have a notable effect.

BS: PM 231 mg/dl AM 165 mg/dl.

He has an appointment with Dr. Felty on Monday, so the next wound care will be Weds.

Thank you for including the community paramedic program in this patient's plan of care.

Richard Allison, Community Paramedic
Community Paramedic
North Memorial Clinics



Enter: Provider Efficiency Profiles

- Primarily Physician tool
- All EHR activities are compounded to develop a composite efficiency score
 - 0-10, 10 being near robotic
 - Most MD providers are 4-7
 - CP staff averaged 3.8



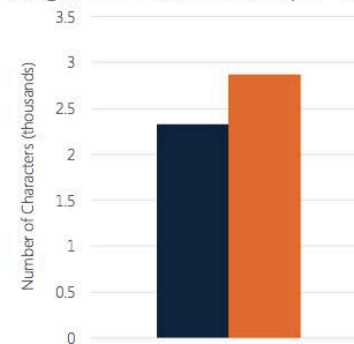
Drinking from a Fire Hose

- Massive amount of data without context
- 64 applicable data columns with individual meaning

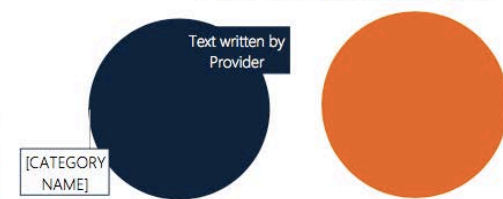
Record Name	PEP Start Date
88810615	3/9/17 0:00
88818249	3/9/17 0:00
88819055	3/9/17 0:00
88819053	3/9/17 0:00
88817969	3/9/17 0:00
88817972	3/9/17 0:00
88830568	3/9/17 0:00
88810615	7/20/17 0:00
88818249	7/20/17 0:00
88819055	7/20/17 0:00
88819053	7/20/17 0:00
88817969	7/20/17 0:00
88817972	7/20/17 0:00
88830568	7/20/17 0:00

Pretty Charts!

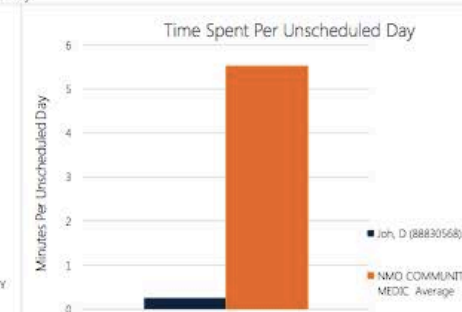
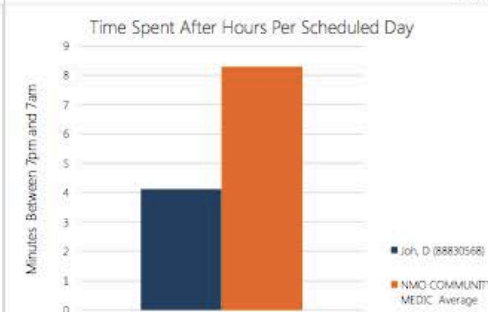
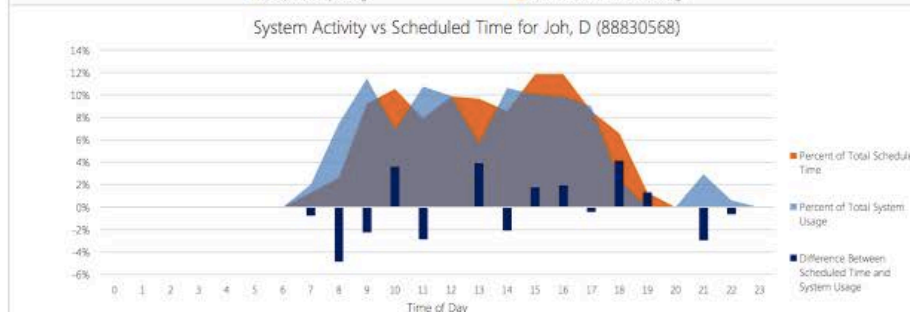
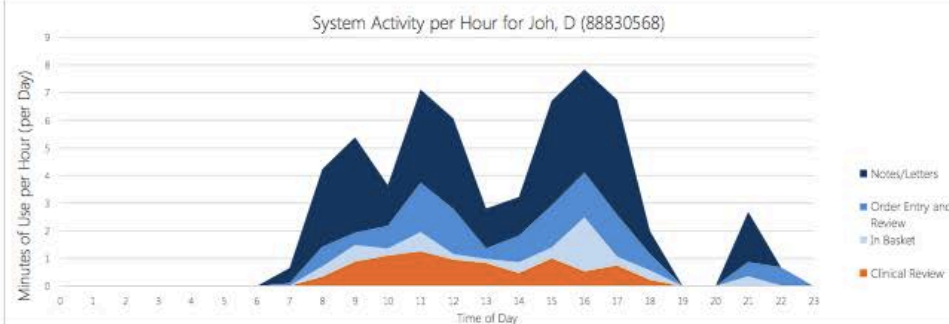
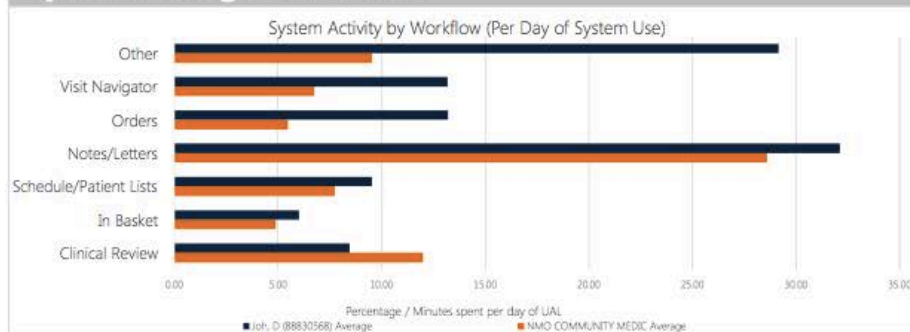
Length of Documentation per Visit



Note Contribution Breakdown



System Usage Overview



Are we using EHR to full extent?

But my customers are more complex...

Are our staff really bad at charting?

Do we need big changes to our EHR build?

What does it mean?

Can CP's no longer add nuance to their charts?

Do we need more standardization?

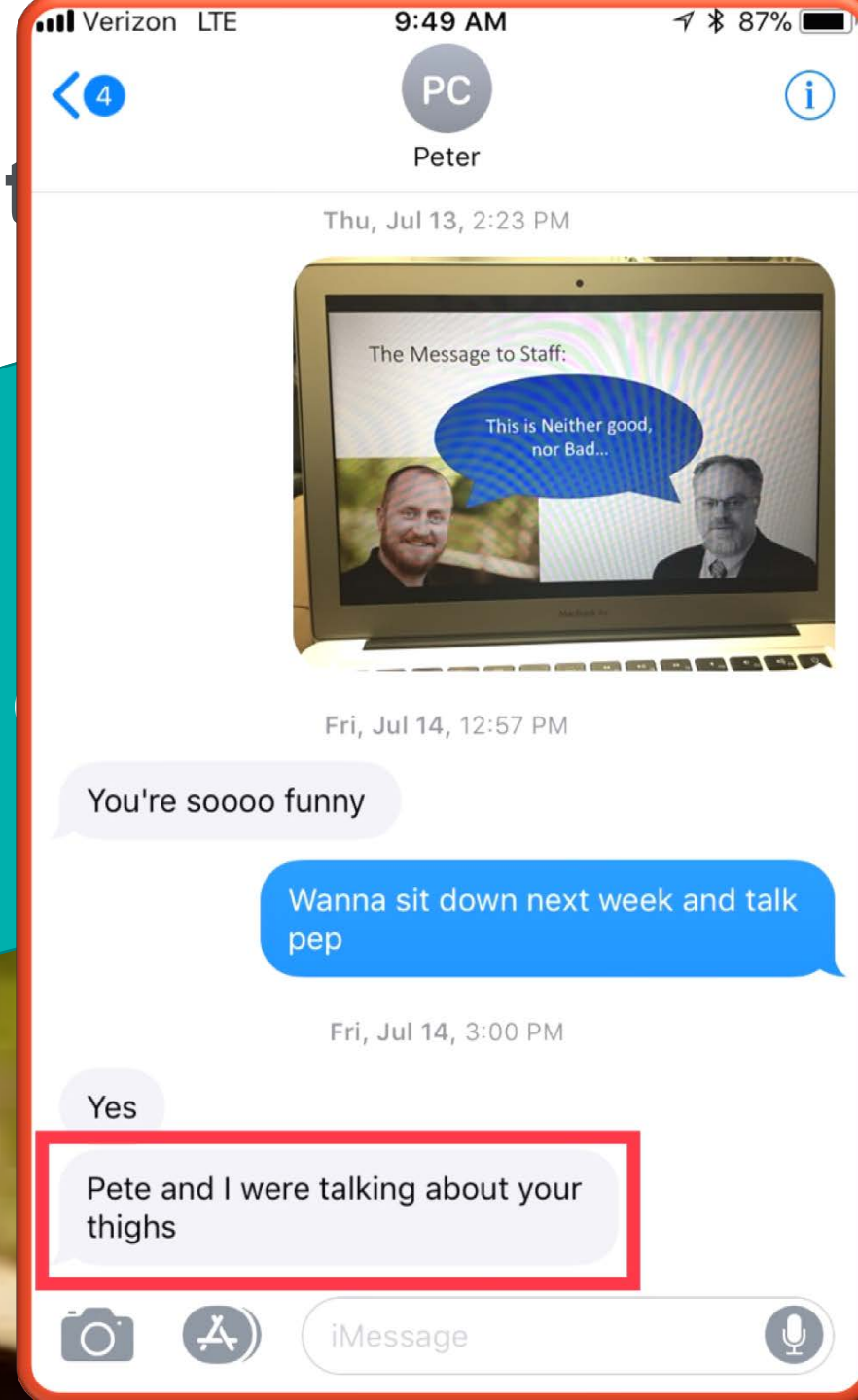
Are there poorly defined workflows?

The Message to Staff:

This is Neither
good, nor Bad...



The Message



Who reads our documentation?

- Physicians and Providers
- Care Coordinators
- **Other Community Paramedics**
- Billing/Coding/QA



Our Most Efficient CP

- Mike
 - 5.7 Efficiency Score
 - 2.7 Proficiency Score



Our Least Efficient CP's

John Riley (Supervisor)
Efficiency 3.1 / Proficiency 1.7



Dave Johnson (Me)
Efficiency 3.9 / Proficiency 6.2



Leveraging the data to improve work

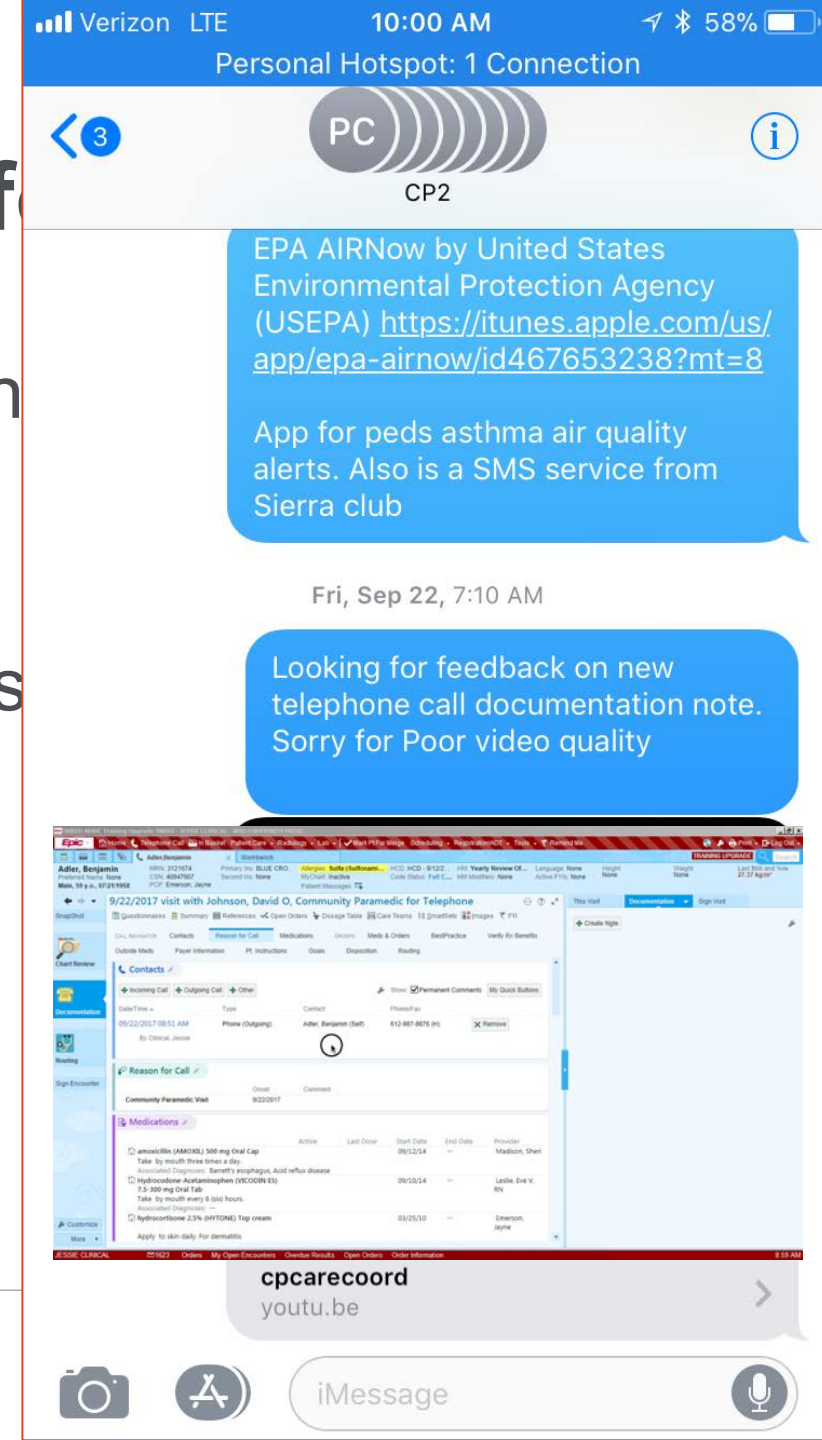


What can our Medical Record do for us?

- Utilize Standard Templates for documentation
 - Moving from 177 Templates to ~20 Templates
 - Specific to service lines
- Use our really expensive software to it's fullest extent
 - Wear out our "F2" key
 - Slowly roll out new modules to our team
 - Elicit feedback from the victims!

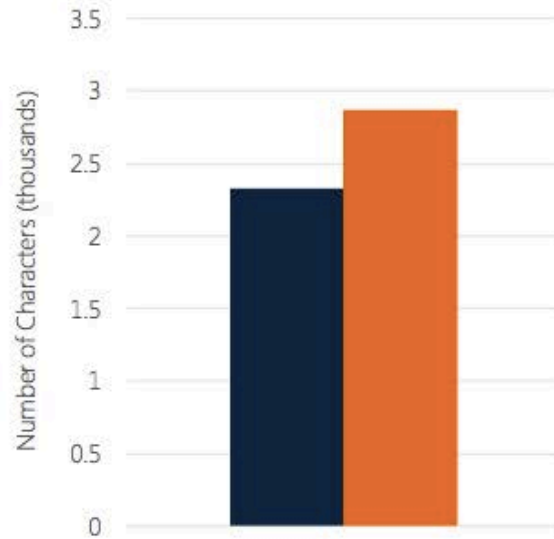
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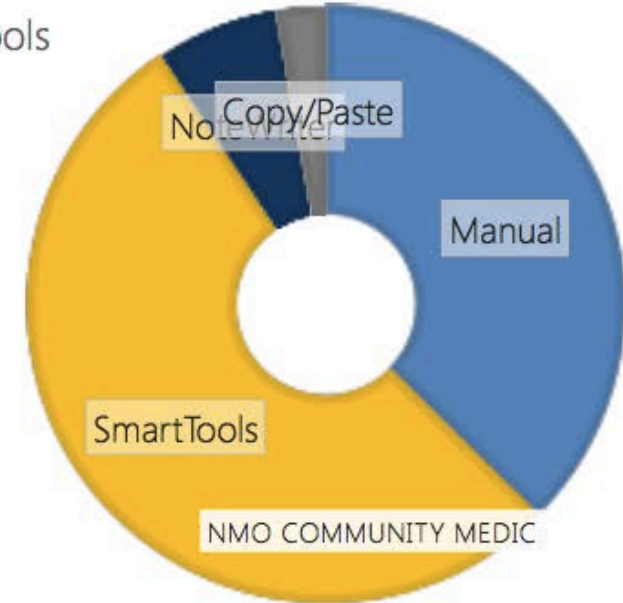
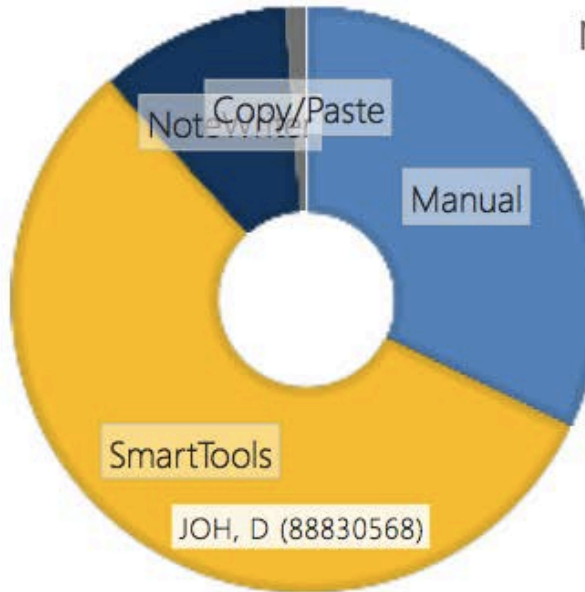


Notes & Letters

Length of Documentation per Visit



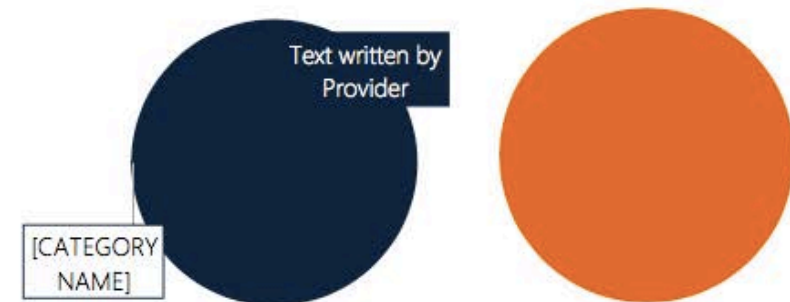
Note Tools



SmartPhrases

	Number of NoteWriter Macros Created by User	Number of Note Speed Buttons	Created by User	Shared with User
Joh, D (88830568)	4	5	14	9
NMO COMMUNITY	2.7	0.7	16	11

Note Contribution Breakdown



[Home](#)
[In Basket](#)
[Patient Care](#)
[Radiology](#)
[Lab](#)
[Mark Pt For Merge](#)
[Scheduling](#)
[Registration/ADT](#)
[Tools](#)
[Remind Me](#)

[Print](#)
[Log Out](#)

Adler,Benjamin

TRAINING UPGRADE

Schedule

[FYI](#)
[Notes](#)
[Scans](#)
[Show Orders](#)
[Print AVS](#)
[Review](#)
[Change Prov](#)
[Enc Summary](#)
[Close Enc](#)
[No Show](#)
[Open Slots](#)
[Room Patient](#)

10/16/2017
Today

October
2017

Su	Mo	Tu	We	Th	Fr	Sa
24	25	26	27	28	29	30
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

Dept: NMO COMMUNITY MEDIC

[+ Create](#)

My Schedule

CLINICAL, JESSIE
NMO COMMUNITY MEDIC

NMO COMMUNITY MEDIC Department (All Providers)
Total: 1 Auto-refreshed: 11:08 AM

Meds Dt Time	Patient	DOB	Notes	Status	Provider	Chart	Dept	AVS Printed	MyChart	Sticky
9:00 AM	ADLER, BENJAMIN	07/21/1958	demo	Scheduled	ZONE 9		NMCP			

Show Tasks

JESSIE CLINICAL
2011
Orders
My Open Encounters
Overdue Results
Order Information

11:08 AM

Epic Home In Basket Patient Care Radiology Lab Mark Pt For Merge Scheduling Registration/ADT Tools Remind Me

Adler, Benjamin MRN: 3125098 Primary Ins: BLUE CRO... Allergies: Sulfa (Sulfonam... HCD: HCD - 9/12/2... HM: Yearly Review Of... Language: None Height: None Weight: None Last BMI and %ile: 27.37 kg/m²

Preferred Name: None CSN: 40951585 Second Ins: None MyChart: Inactive Code Status: Full... HM Modifiers: None Active FYIs: None

Male, 59 y, 07/21/1956

Pre-Charting

Start the Visit

Problem List

Search for new problem **+ Add**

Show: ☐ Past Problems

Diagnosis

Circulatory

- Hypertension (HCC/RxHCC) **Change Dx** **Resolve**
- Acute deep venous thrombosis (HCC/RxHCC) **Change Dx** **Resolve**

Digestive

- Absence, appendix, congenital **Change Dx** **Resolve**
- Reflux esophagitis (HCC/RxHCC) **Change Dx** **Resolve**

Respiratory

- Pneumonia **Change Dx** **Resolve**

Musculoskeletal

- Dermatitis **Change Dx** **Resolve**

Endocrine/Metabolic

Vitals

	7/24/15	3/26/14	11/9/09
BP	120/80	140/78	138/68
Pulse	68	68	72
Respirations	14	16	--
Temperature	98.6 °F (37 °C)	--	97.8 °F (36.6 °C)
Temp src	Oral	--	Oral
SpO2	98 %	--	--
Weight	81.6 kg (180 lb)	94.8 kg (209 lb)	90.7 kg (200 lb)
Height	1.727 m (5' 8")	1.727 m (5' 8")	1.727 m (5' 8")

Problem List

- Absence, appendix, congenital
- Pneumonia
- Hypothyroidism (HCC/RxHCC)
- Dermatitis
- Reflux esophagitis (HCC/RxHCC)
- Hypertension (HCC/RxHCC)
- Hyperlipemia (HCC/RxHCC)
- Acute deep venous thrombosis (HCC/RxHCC)

JESSIE CLINICAL 2011 Orders My Open Encounters Overdue Results Open Orders Order Information 11:08 AM

Home

In Basket

Patient Care

Radiology

Lab

Mark Pt For Merge

Scheduling

Registration/ADT

Tools

Remind Me

Adler,Benjamin

Adler,Benjamin

TRAINING UPGRADE

Search

Adler, Benjamin

Preferred Name: None

Male, 59 y.o., 07/21/1958

MRN: 3125098

CSN: 40951585

PCP: Emerson, Jayne

Primary Ins: BLUE CRO...

Second Ins: None

Allergies: Sulfa (Sulfonam...

MyChart: Inactive

Patient Messages: None

HCD: HCD - 9/12/2...

Code Status: Full...

HM: Yearly Review Of...

HM Modifiers: None

Language: None

Active FYIs: None

Height: None

Weight: None

Last BMI and %ile

27.37 kg/m²

Pre-Charting

① Patient Not Arrived Yet

Welcome to the Pre-Charting workspace, where you can get a head start on your work for this visit! This screen includes tools that are helpful before the patient arrives. If the patient arrives while you're here, click Start the Visit to see your full toolset. Here are some helpful tips:

Any notes that you write before the patient checks in are accessible to only you and other clinicians who work in this encounter. Other clinical staff can't find these notes elsewhere in the chart.

Any notes or orders that you don't sign, and communication that you don't send, are deleted by the system 7 days after the appointment if the patient never arrives. You can view any notes that you write before the system deletes them and copy those notes forward to a visit within that time frame.

Start the Visit

Problem List

Visit Diagnoses

BestPractice

Meds & Orders

Problem List

Search for new problem

Add

Diagnosis

Resolved

Visit

Circulatory

Hypertension (HCC/RxHCC)

Change Dx

Resolve

Acute deep venous thrombosis (HCC/RxHCC)

Change Dx

Resolve

Digestive

Absence, appendix, congenital

Change Dx

Resolve

Reflux esophagitis (HCC/RxHCC)

Change Dx

Resolve

Respiratory

Pneumonia

Change Dx

Resolve

Musculoskeletal

Dermatitis

Change Dx

Resolve

Endocrine/Metabolic

Progress Note

Sign Visit

Create Note

That's Better Intake

My Note

Bookmark

Share w/ Patient

B

abc

Insert SmartText

Sign at Close Encounter

Accept

Cancel

JESSIE CLINICAL

2011

Orders

My Open Encounters

Overdue Results

Open Orders

Order Information

11:16 AM

NORTH
MEMORIAL HEALTH

|
Community Paramedic Program
That's Healthcare *better!* - Intake Note

Customer: Benjamin Adler **Date of Birth:** 7/21/1958 **MRN:** 3125098 **Date of Service:** 10/15/17

Time in: ***

Time out: ***

Location of Encounter:
878 Adler Ave
Hanover MN 55341 {**VERIFY**}

Home visit on 10/15/2017 was requested by Emerson, Jayne as part of an outreach effort for customers who are part of an Integrative Health Partnership..

Present for this encounter was:

- Benjamin Adler
 - Jessie Clinical
 - {Other Team Members Present (CHW/Family/Etc.)}
- {**Add yourself to the Care Team**}
- No chief complaint on file.

Skilled Observation

There were no vitals taken for this visit.

ROS

Physical Exam

Current History / Background

Benjamin feels that their primary health concerns are:

Benjamin reports that their definition of ideal and healthy living would be:

Community Paramedic Program
That's Healthcare *better!* - Intake Note

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Time out: ***

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ROS
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Health Partnership..

Community Paramedic Program
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Time in: ***

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No chief complaint on file.

Skilled Observation

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ROS

Physical Exam

Current History / Background

Benjamin feels that their primary health concerns are:

Benjamin reports that their definition of ideal and healthy living would be:

Embedded Hyperlinks

Current History

Background

@FNAME@ feels that @HIS@ hypertension is { :5147}. Age at onset of elevated blood pressure: ***

Family History of Hypertension? ** If Yes, add "FH:Hypertension" to problem list}

[Hypertension Classification](#) (ESH/ESC Criteria): {HYPERTENSION CONTROL:10681}

Last EKG: @BRIEFLAB(EKG)@

Last Eye Exam: {DM6:10230} {update in Health Maintenance if not correct}

Care Team Relationships

Prior Clinical Relationships

Primary Care Provider:

@PCP@

Care Coordinator

Dietician

MTM Pharmacist:

Cardiology:

https://www.uptodate.com/contents/hypertension-who-should-be-treated

UpToDate®

Welcome, North Memorial Health Care | [Log In / Register](#)

Search UpToDate

What's New | Practice Changing UpDates | Calculators | Drug Interactions

Hypertension: Who should be treated?

Find Patient Print Share

Topic Outline

- RECOMMENDATIONS
- INTRODUCTION
- DEFINITIONS
- WHAT LEVEL OF BP INCREASES RISK?
 - Epidemiologic studies
 - Decreased cardiovascular risk with therapy
 - Systolic and diastolic hypertension
 - Low-risk patients
 - Isolated systolic hypertension
 - Isolated diastolic hypertension
 - Increased pulse pressure
 - Goal blood pressure
- RECOMMENDATIONS

Hypertension: Who should be treated?

Authors: Johannes FE Mann, MD, Karl F Hilgers, MD
Section Editors: George L Bakris, MD, Norman M Kaplan, MD
Deputy Editor: John P Forman, MD, MSc

Contributor Disclosures

All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: Sep 2017. | **This topic last updated:** Jun 29, 2017.

INTRODUCTION — Treatment of hypertension generally begins with nonpharmacologic therapy, including moderate dietary sodium restriction, weight reduction in the obese, avoidance of excess alcohol intake, and regular aerobic exercise ([table 1](#)) [1,2]. Institution of these modalities involves little or no risk

Topic Feedback

Epic

Home

In Basket

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Mark Pt For Merge

Scheduling

Registration/ADT

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Remind Me

Adler, Benjamin

Adler, Benjamin

TRAINING UPGRADE

Search

Adler, Benjamin

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Preferred Name: None

Male, 59 y.o., 07/21/1958

CSN: 40951585

PCP: Emerson, Jayne

Primary Ins: BLUE CRO...

Second Ins: None

Allergies: Sulfa (Sulfonam...

MyChart: Inactive

Patient Messages: None

HCD: HCD - 9/12/2...

Code Status: Full...

HM: Yearly Review Of...

HM Modifiers: None

Language: None

Active FYIs: None

Height: None

Weight: None

Last BMI and %ile

27.37 kg/m²

Snapshot

Chart Review

Rooming

Plan

Wrap-Up

Sign Encounter

NoteWriter

Customize

More

NoteWriter

Physical Exam

All other systems negative

Reason ROS cannot be performed:

Constitution

+ Fever

+ Chills

+ Weight loss

+ Malaise/Fatigue

+ Diaphoresis

+ Weakness

Skin

+ Rash

+ Itching

HENT

+ Hearing loss

+ Tinnitus

+ Ear pain

+ Ear discharge

+ Nosebleeds

+ Congestion

+ Sinus pain

+ Stridor

+ Sore throat

Eyes

+ Blurred vision

+ Double vision

+ Photophobia

+ Eye pain

+ Eye discharge

+ Eye redness

Cardiovascular

+ Chest pain

+ Palpitations

+ Orthopnea

+ Claudication

+ Leg swelling

+ PND

Respiratory

+ Cough

+ Hemoptysis

+ Sputum production

+ Shortness of breath

+ Wheezing

GI

+ Heartburn

+ Nausea

+ Vomiting

+ Abdominal pain

+ Diarrhea

+ Constipation

+ Blood in stool

+ Melena

GU

+ Dysuria

+ Urgency

+ Frequency

+ Hematuria

+ Flank pain

Musculo

+ Myalgias

+ Neck pain

+ Back pain

+ Joint pain

+ Falls

Endo/Heme/Aller

+ Easy bruise/bleed

+ Env allergies

+ Polydipsia

Neurological

+ Dizziness

+ Headaches

+ Tingling

+ Tremor

+ Sensory change

+ Speech change

+ Focal weakness

+ Seizures

+ LOC

Psychiatric

+ Depression

+ Suicidal ideas

+ Substance abuse

+ Hallucinations

+ Nervous/Anxious

+ Insomnia

+ Memory loss

This Visit

Progress Note

Sign Visit

Create Note

That's Better Intake

My Note

11:15 AM

ROS

Physical Exam

Bookmark

Share w/ Patient

Review of Systems

Physical Exam

Current History / Background

Benjamin feels that their primary health concerns are:

Benjamin reports that their definition of ideal and healthy living would be:

Care Team Relationships

Prior Clinical Relationships

Primary Care Provider: Emerson, Jayne
Care Coordinator: ***
MTM Pharmacist: ***

Nutrition

Benjamin does their grocery shopping at {Grocery Stores:19268}. he reports that his diet could be

Sign at Close Encounter

Accept

Cancel

JESSIE CLINICAL

2011

Orders

My Open Encounters

Overdue Results

Open Orders

Order Information

11:21 AM

NORTH

MEMORIAL HEALTH

Epic Home In Basket Patient Care Radiology Lab Mark Pt For Merge Scheduling Registration/ADT Tools Remind Me

Adler, Benjamin Adler, Benjamin

Adler, Benjamin MRN: 3125098 Primary Ins: BLUE CRO... Allergies: Sulfa (Sulfonam... HCD: HCD - 9/12/2... HM: Yearly Review Of... Language: None Height: None Weight: None Last BMI and %ile: 27.37 kg/m²
 Preferred Name: None CSN: 40951585 Second Ins: None MyChart: Inactive Code Status: Full... HM Modifiers: None Active FYIs: None
 Male, 59 y.o., 07/21/1958 PCP: Emerson, Jayn Patient Messages: None

NoteWriter cptbmacro

ROS Physical Exam

☐ All other systems negative Reason ROS cannot be performed:

System	Findings	System	Findings	System	Findings
Constitution	<input type="checkbox"/> neg	Eyes	<input type="checkbox"/> neg	GI	<input type="checkbox"/> neg
Fever	—	Blurred vision	—	+ Heartburn	—
Chills	—	+ Double vision	—	Nausea	—
+ Weight loss	—	+ Photophobia	—	+ Vomiting	—
Malaise/Fatigue	—	+ Eye pain	—	+ Abdominal pain	—
Diaphoresis	—	+ Eye discharge	—	Diarrhea	—
+ Weakness	—	+ Eye redness	—	Constipation	—
				+ Blood in stool	—
Skin	<input type="checkbox"/> neg	Cardiovascular	<input type="checkbox"/> neg	+ Melena	—
+ Rash	—	Chest pain	—		
+ Itching	—	Palpitations	—	GU	<input type="checkbox"/> neg
		+ Orthopnea	—	Dysuria	—
HENT	<input type="checkbox"/> neg	+ Claudication	—	+ Urgency	—
+ Hearing loss	—	+ Leg swelling	—	+ Frequency	—
+ Tinnitus	—	+ PND	—	+ Hematuria	—
+ Ear pain	—			+ Flank pain	—
+ Ear discharge	—	Respiratory	<input type="checkbox"/> neg		
+ Nosebleeds	—	Cough	—	Musculo	<input type="checkbox"/> neg
+ Congestion	—	+ Hemoptysis	—	+ Myalgias	—
+ Sinus pain	—	+ Sputum production	—	+ Neck pain	—
+ Stridor	—	Shortness of breath	—	+ Back pain	—
+ Sore throat	—	+ Wheezing	—	+ Joint pain	—
				+ Falls	—
				Psychiatric	<input type="checkbox"/> neg
				Depression	—
				+ Suicidal ideas	—
				+ Substance abuse	—
				+ Hallucinations	—
				Nervous/Anxious	—
				+ Insomnia	—
				+ Memory loss	—

My Note 11:15 AM

ROS Physical Exam Bookmark Share w/ Patient

No chief complaint on file.

Skilled Observation
 There were no vitals taken for this visit.
 Review of Systems
 Constitutional: Negative for chills, diaphoresis, fever and malaise/fatigue.
 Eyes: Negative for blurred vision.
 Respiratory: Negative for cough and shortness of breath.
 Cardiovascular: Negative for chest pain and palpitations.
 Gastrointestinal: Negative for constipation, diarrhea and nausea.
 Genitourinary: Negative for dysuria.
 Neurological: Negative for dizziness.
 Psychiatric/Behavioral: Negative for depression. The patient is not nervous/anxious.

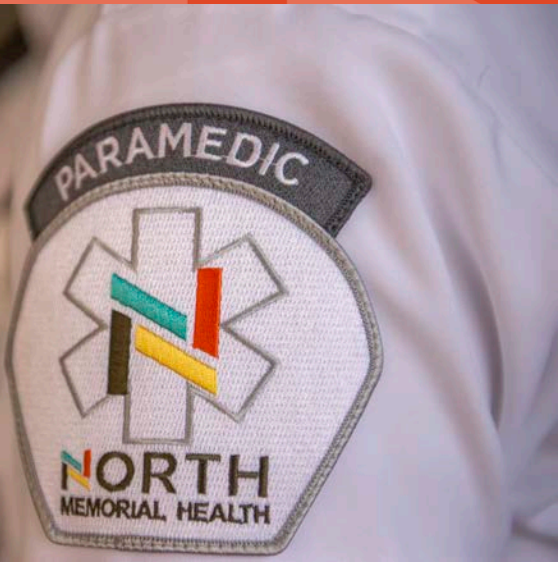
Physical Exam

Sign at Close Encounter Accept Cancel

Slowly making progress

- Billing at 20% of time currently
 - Individual coaching still in progress
 - Deploying ~ two new templates each month





David Johnson
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