Course Description:

While many complain that EHR usage slows them down, PCC EHR is designed to help you maximize functionality and efficiency. In this class, we'll review how to use your protocols and task queues to improve charting, patient care and office workflow. We will also look at some specialty protocols to help improve efficiency for unique clinical situations and some tools outside the EHR that can help you work faster and better.

1. Introduction: I am not an EHR expert or PCC employee or trainer, just a doctor who likes to tinker and make technology work for me. I used to use an EHR that slowed me down and wasn't customizable. I would need 30-40 minutes at the end of each day just to get caught up. PCC EHR is exactly the opposite. Now, if I need more than 5 minutes at the end of the day to catch up on charting, something is wrong.
2. Today, we are going to talk about some general flow issues and look at a lot of little things to build efficiencies into your day through better charting.
3. From a flow standpoint, I like to build my protocols so that there are some things I complete before I even walk in the room, as part of pre-review of the chart.
   a. Well visits
      i. Review meds in advance
      ii. Review previsit materials (CHADIS - may incl developmental screening, TB and lead screens, previsit concerns and more)
      iii. Review problem list and family history and look for any issues that need follow-up
      iv. Review growth charts and note nutritional status
      v. Review interval visits - consults, urgent care visits
      vi. Review tylenol/motrin dosing and note in advance
      vii. Be prepared for some issues in advance
   b. Sick visits
      i. Review prescriptions and visit history in advance
   c. Chart each patient before going on to the next one - this will keep things fresh in your head
   d. Ergonomics - consider use of scribe or laptop so that you can have attention on the patient and family
4. Anticipate unique situations by using add-on protocols
   a. I have an endocrine ROS that I add on - this is infrequently used, but provides additional information that is not captured in general ROS and may be needed.
   b. I recently created a lymphadenopathy ROS as there are specific issues you want to always ask about.
5. Build detailed ROS into particular problem protocols (and don't be afraid to switch to one of these protocols on the fly if the cc or reason for appt doesn't match what the actual complaint is.
   a. Abdominal pain - lots of detail here to make these visits easier
   b. Other examples abound if there is time (nutrition, concussions, etc)
6. I use an "additional notes" box in most protocols in order to capture medical decision making and differential issues and discuss thought processes. Also helps if someone

else sees a child so that they know what you were thinking and what might need to be done if situations change

7. Take advantage of designing your clinical summary so that the plan section prints out. Include lots of resources there (websites, books) and make sure that you take advantage of the memory features so that common plans don't have to be retyped a lot. (See examples in ADD and asthma protocols, which also include "self-help" resources required by PCMH.)

8. Take pre-supplied components and make them better. In the follow-up section, there is a "follow-up by phone" component. I have cloned this and added a "follow-up by phone (nurse to call)" component, so that one is for instructions for when patients should call and the other instructs my staff I want them to check on the patient. The component for patients defaults to no task box, whereas the component for nurse follow-up defaults with a task that goes to a "holding" box, which is monitored daily for such follow-ups. Splitting this saves a little time that really adds up over the course of the day. Creating additional components such as this which default to different types of tasks and who they are assigned to can really save a lot of time over the course of a day.

9. In our office, we have created a lot of different users so that nothing gets lost. These include "holding," used for tasks that need to completed in the future; "pending labs," which are checked daily so that none are missed; and "pending referrals," so that proper referral tracking and follow-up can be done.

10. For consult notes and other scanned docs - add a quick annotation so that you can easily look through and track things like the number of ear infections or key findings from consults. Use your problem list to help with this as well.

11. Ultimately, the less you have to type, the better. I use a mac-based tool called "type it 4 me" that allows you to expand short phrases into longer ones. It also is a (not so great) spell checker. Examples:
    a. *allergy2-5: May use claritin (loratadine) or zyrtec (cetirizine) 5 mL by mouth once a day as needed for allergies. May cause drowsiness or excitability.
    b. *febrileseizure: Reviewed natural history of febrile seizures. He had a classic febrile seizure. Reviewed small chance of progressing to epilepsy and what this would look like. Reviewed if any atypical features, would need additional workup. Reviewed likelihood of recurrence. Reviewed that classic febrile seizures have no impact on neurodevelopment.
    c. *periorb: Call for swelling around the eye that does not get better as the morning goes on; warmth/redness around the eye; difficulty moving the eye around; new fever or other concerns
    d. I've been using this for about 7 months, and the app estimates that it has saved me about 3 hours of typing. Plus, this allows for more detailed instructions to easily be added into a plan or discussion and overcomes the limitation of having only 10 phrases being kept in the memory.

There are so many little ways to make PCC EHR work for you and make you more efficient. This just scratches the surface. Sharing these ideas is what really makes things work.

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