

Approaches to Chart Prep: Abbreviated vs. Extended Chart Prep

Why Chart Prep?

We encourage you to prep charts prior to your onsite go live training for two main reasons:

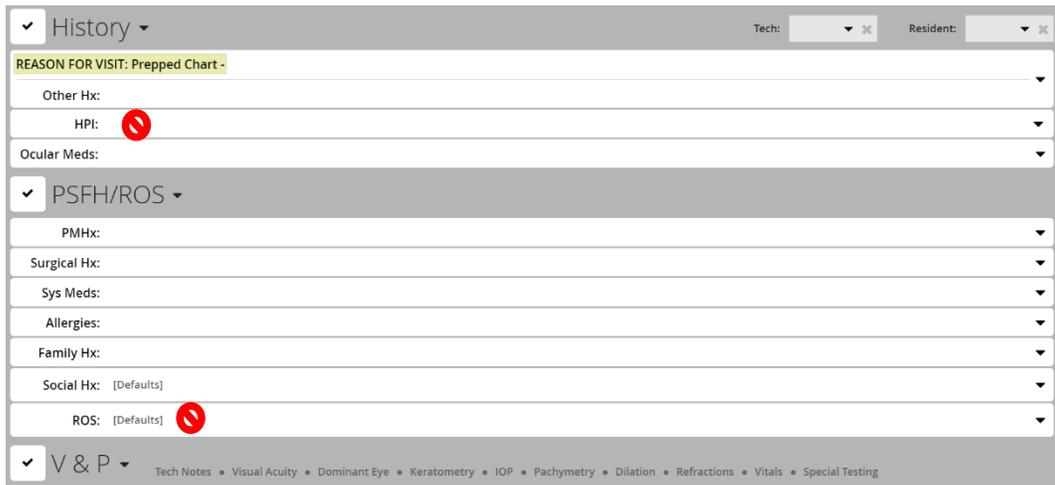
1. **Exposure to IntelChartPRO.** Chart prep is going to allow invaluable exposure to the system for your clinical staff. Over the course of prepping charts staff will build muscle memory for inputting data as they become familiar with the findings in each section of the chart. This exposure will allow the onsite trainer more time to spend working one on one with the physicians seeing patients.
2. **Efficiency & Productivity.** We understand the significant impact implementing a new EHR into your practice brings. By prepping predetermined areas of the chart this will significantly reduce the amount of patient face to face time your work up technicians are spending with patients equaling patients being ready for the doctor sooner and overall reduction in patient wait time. In addition, this will allow you to return to full capacity in your patient schedule sooner.

Approaches to Chart Prep: Abbreviated Chart Prep

Elements of Abbreviate Chart Prep:

An abbreviated chart prep consists of prepping the following fields in IntelChartPRO:

- Ocular Problem List
- Ocular Medications
- Systemic Medications
- Past Medical History
- Past Surgical History
- Allergies
- Social History
- Family History
- Visual Acuity
- Intraocular Pressure
- Any procedure provided at the last visit



The screenshot shows a software interface for chart preparation. It features a 'History' section with a dropdown menu and a 'PSFH/ROS' section with a dropdown menu. Below these are several input fields: 'Other Hx:', 'HPI:', 'Ocular Meds:', 'PMHx:', 'Surgical Hx:', 'Sys Meds:', 'Allergies:', 'Family Hx:', 'Social Hx: [Defaults]', and 'ROS: [Defaults]'. Red 'X' marks are placed over the 'HPI:' and 'ROS: [Defaults]' fields, indicating they are required. At the bottom, there is a 'V & P' section with a dropdown menu and a list of sub-sections: Tech Notes, Visual Acuity, Dominant Eye, Keratometry, IOP, Pachymetry, Dilation, Refractions, Vitals, and Special Testing.

Benefits:

Out of all the options for chart prep, the abbreviated approach by far is the less time consuming for the preparer. Benefits include:

- Provide a basic overview of patient's past ocular history
- Provided a basic overview of key data points from the last visit (vision, IOP, procedures)

- In follow up, allows users to utilize default feature for anterior and posterior examinations for clinical findings
- The abbreviated chart prep focuses primarily on the patient’s medical history as this is typically the most arduous section of the chart to complete given the large number of elderly population that ophthalmology serves.
- Medication and medical history can be very time consuming data to enter. By prepping this information prior to the patient’s arrival your technicians will significantly reduce the time spent entering this data while patient is in the room.

Cons*:

- Last HPI not entered
- Ancillary testing values not entered (confrontational field, EOM, etc.)
- Last visit clinical findings are not entered
- Last diagnostic test findings are not entered
- Discussion/Plan is not entered
- Follow up information is not entered

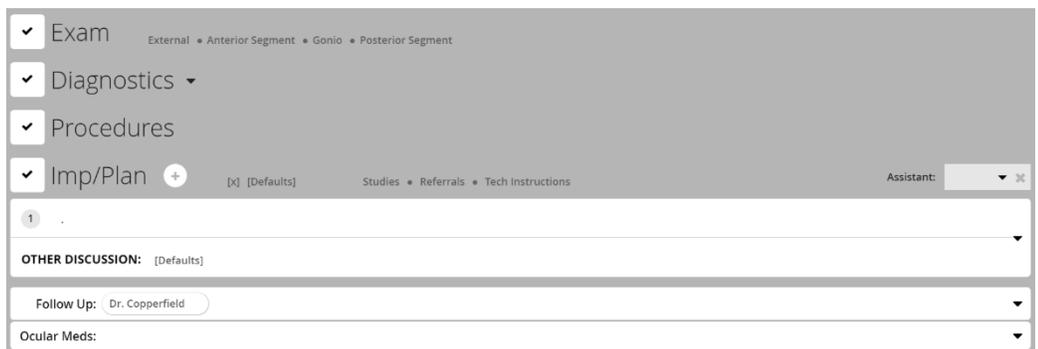
* Abbreviated chart prep assumes you have easy access to either the paper record or prior EHR (if there wasn’t a data conversion done) for review of additional information that may be needed.

Approaches to Chart Prep: Extended Chart Prep

Elements of Extended Chart Prep:

An abbreviated chart prep consists of prepping the same elements in the abbreviated chart prep and the following fields in IntelChartPRO:

- External Findings
- Anterior Segment Findings
- Posterior Segment Findings
- Diagnostic Interpretations
- Impression/Plan
- Follow Up



Benefits:

With an extended chart prep approach the user will have a complete electronic copy of the last visit. Additionally, the extended chart prep provides a deeper exposure to entering clinical information and gives users a better understanding of where clinical findings are found inside each element. Knowing where this information is may lead to a better understanding of Knowledge Base needs/customizations.

Cons*:

- More time consuming to enter additional data
- Although this approach may broaden the understanding of how to find clinical findings in IntellectPRO, oftentimes it can be very tempting to simply free text the last exam findings so that chart reads word for word from the previous record. These findings will carry over from exam to exam until edited by the scribe/physician. Potential drawbacks to not selecting positive or negative findings in IntellectPRO include:
 - Mapping issues with compliance registries and potential to not receive “credit” for compliance programs.
 - Users may not receive the full benefit of the knowledge driven system that is IntellectPRO (positive and negative findings default based on the problem list items selected saving the user time and creates a more efficient charting experience).

Efficiency Tips for Chart Prep

Regardless of the approach your practice chooses for chart prep, below are several considerations to help your practice be as efficient as possible with the process.

1. Utilize the “Load from DrFirst Option” for systemic medications:



This feature will save a significant amount of time once your practice is live with DrFirst. Until that time, for patients with an extensive medication list consider leaving entering the systemic medications until the patient reports to your clinic for follow up and complete this section in the **NEW** visit created for the follow up exam. All other items previously prepped will default to the new encounter.

2. A common misconception is that you **MUST** have a prepped chart in the system. ***This is not true.*** If a patient is added on to the schedule as an emergency visit and does not yet have a prepped chart simply create a new encounter in IntellectPRO for the date you are examining the patient and enter in past PSFH information on this **new** date of service.
3. In the event of #2, consider checking vision, pressure, confirming allergies, and any other pre-dilation safety precautions/ancillary testing and then dilate the patient. While the patient is dilating, the user can enter past PSFH and ocular history in while the patient is dilating to help with work up/flow efficiency.
4. A certain subset of younger patients in ophthalmology will have a less extensive health and ocular history to prep. Consider focusing prepping the patients with time consuming data entry first and leave the less complicated patients for the day they come in for follow up (see #2 & #3). This may help improve clinical flow/efficiency for the day you are prepping for.