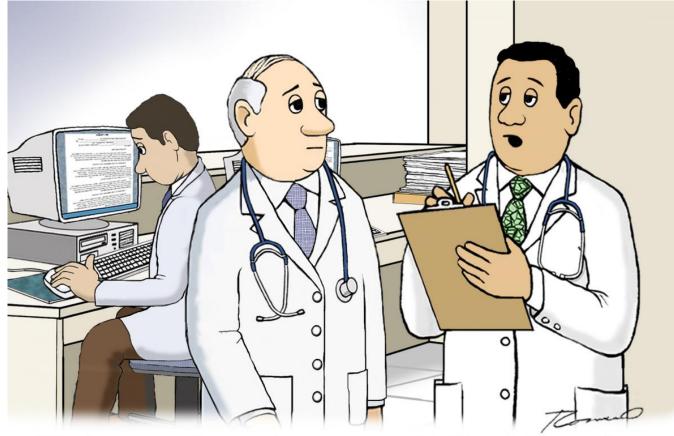
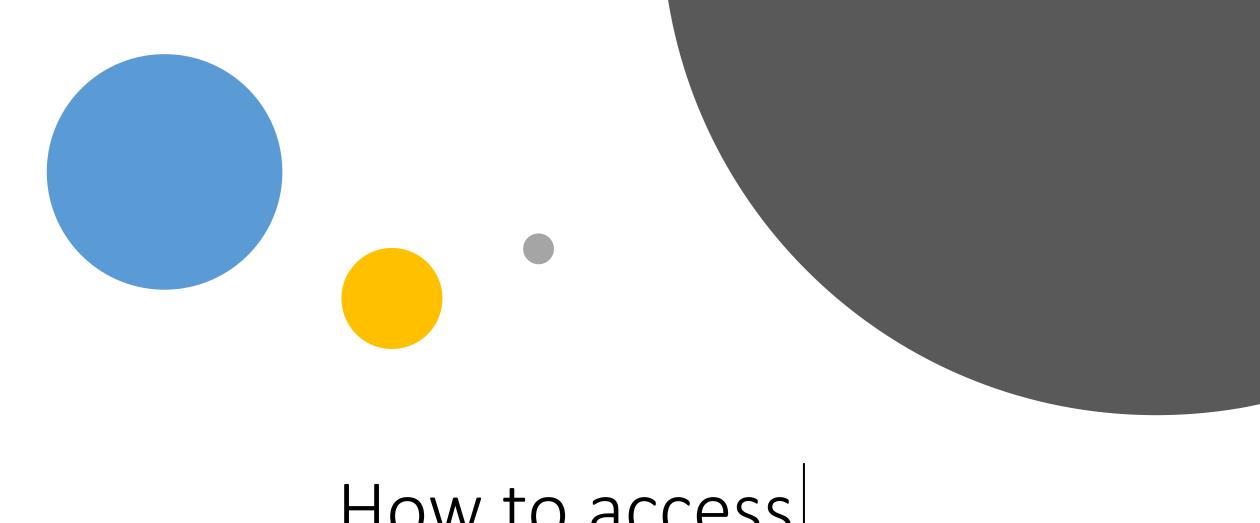
## Ambulatory EMR Tricks

NextGen and Schapptbook



"I hear there's a new ICD-10 code for carpal tunnel syndrome caused by clicking too many times in an EMR system."



How to access your schedule

Changes....

<u>Pre-round:</u> only in SchapptBook (in Citrix) – only for GMAP

In Clinic: NextGen will show you when your patients arrive (will not show no shows)

Notes: NextGen

<u>UHC 5A:</u> Everything in NextGen





## 2. Double Click on the **Schapptbook Icon**

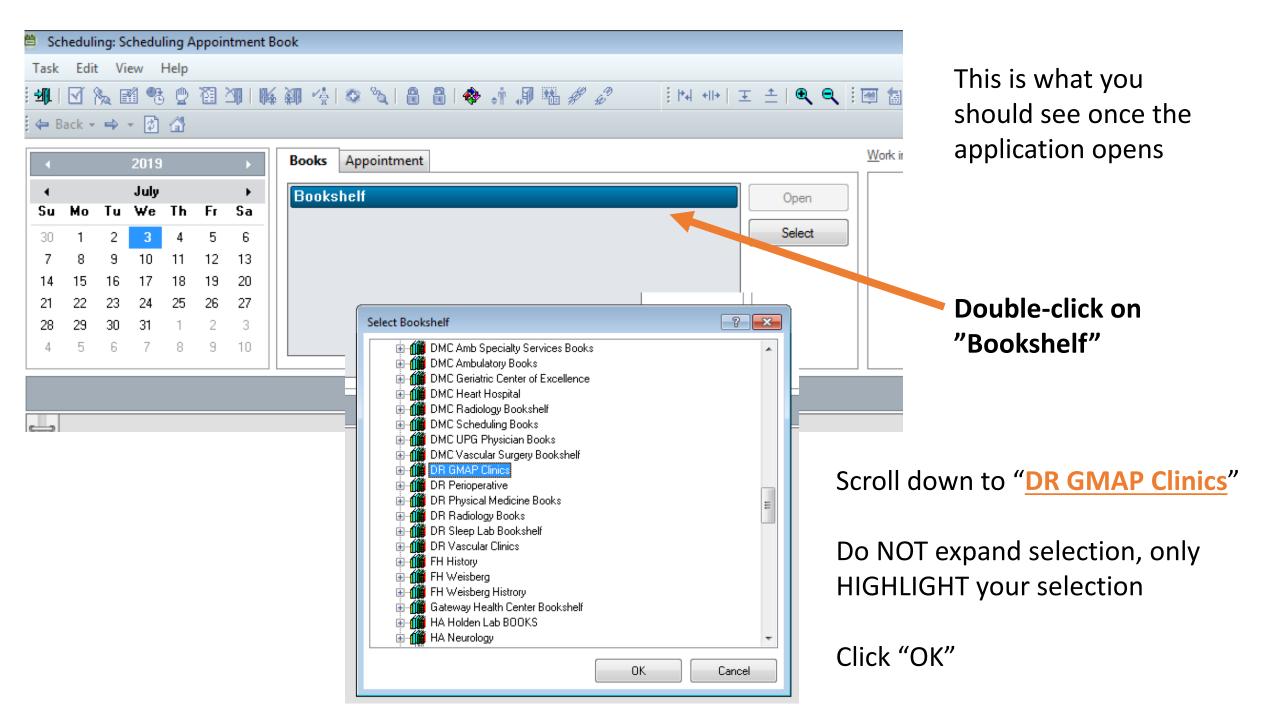


Look for
 "Schapptbook" Icon on your desktop

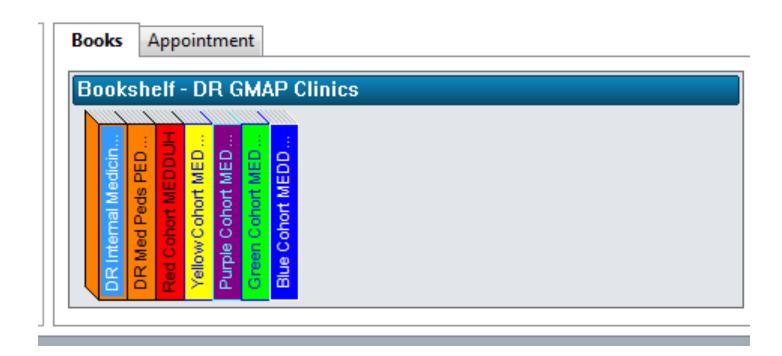
Note: It may not be in the same location as the screen shot shows



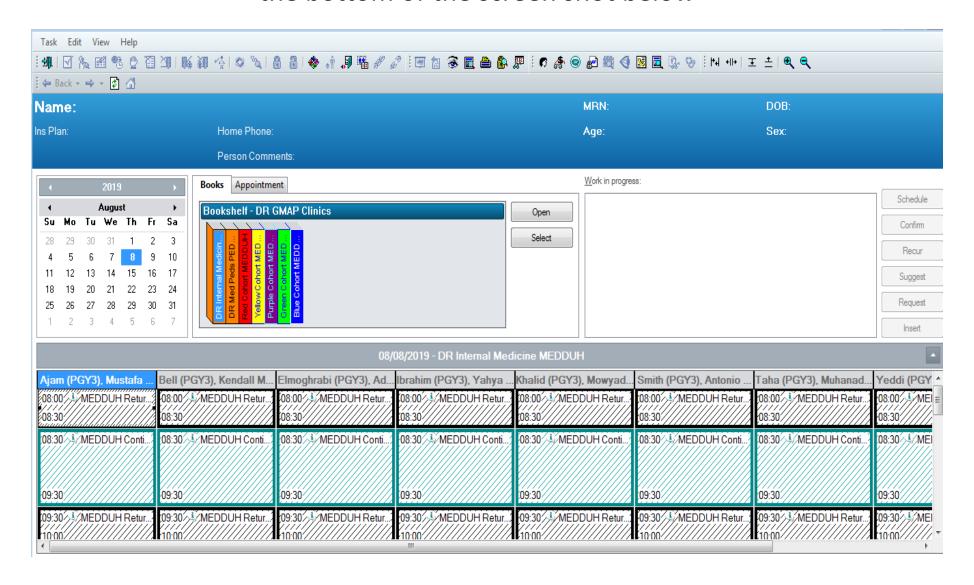
3. Enter your ID and Password in the box that is shown below



<u>Double click</u> on the desired book shown below to open up the schedule for that location/group

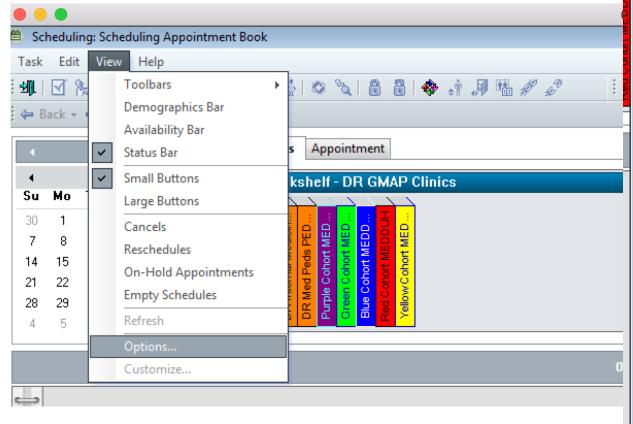


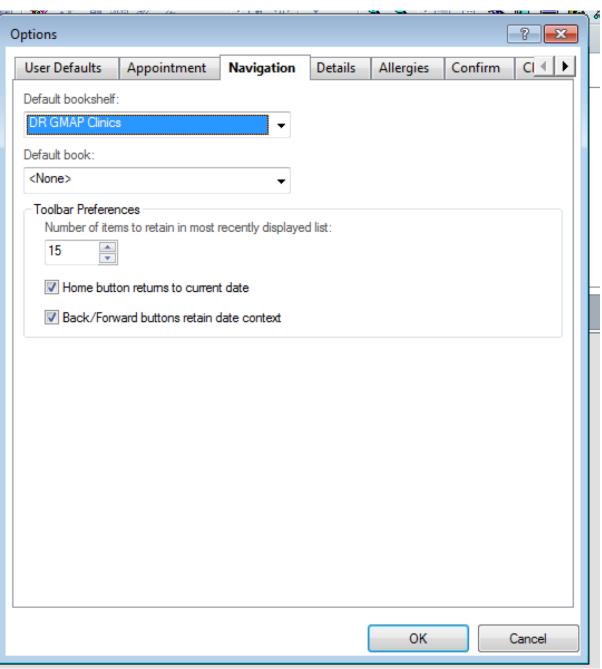
## You should see schedules like those shown on the bottom of the screen shot below



#### Make **DR GMAP Clinic** your **default calendar**

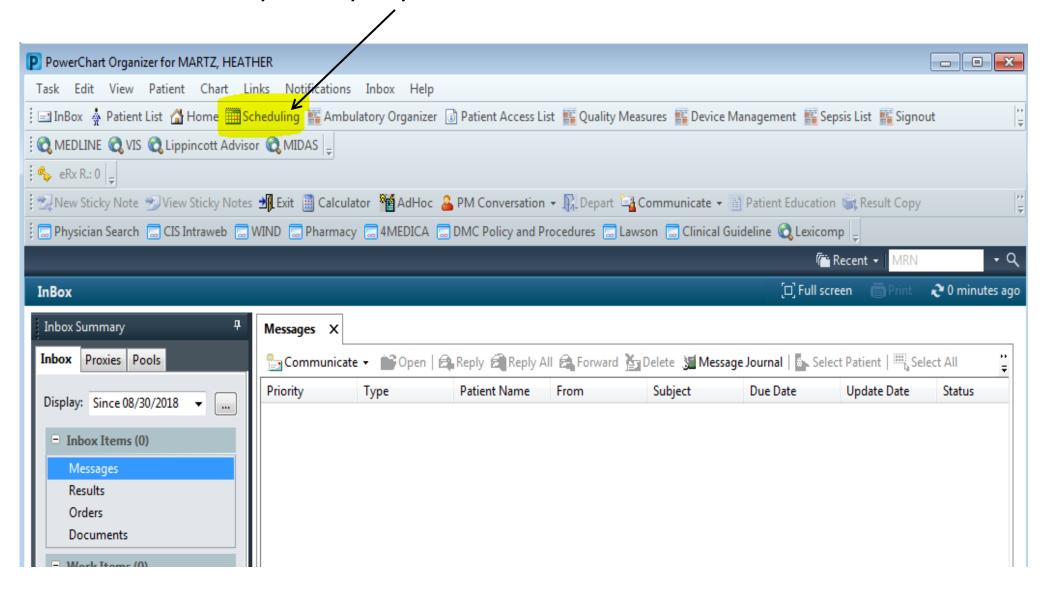
1:

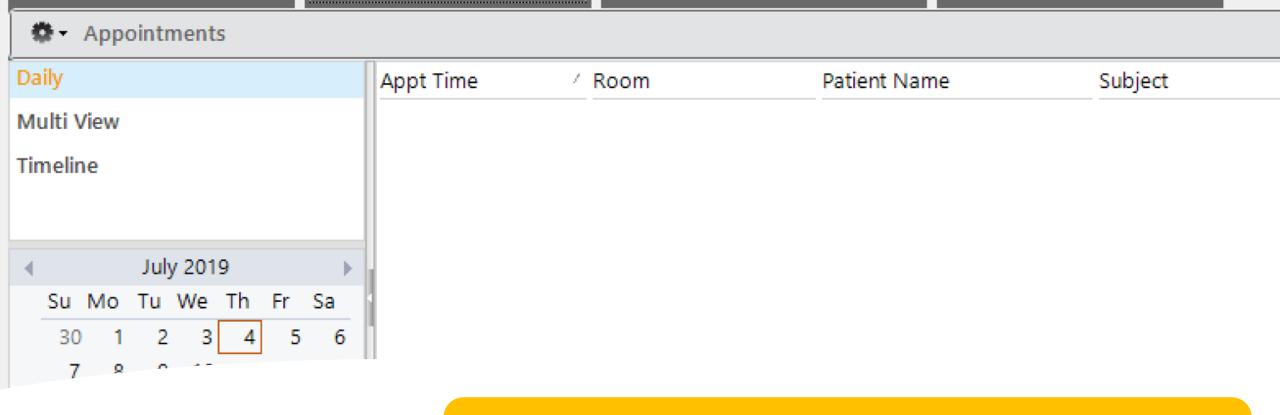




Powerchart: You can also launch scheduling from the icon within powerchart. (Icon shown below)

\*\*But this will only show you your own schedule. Not the whole clinic's schedule

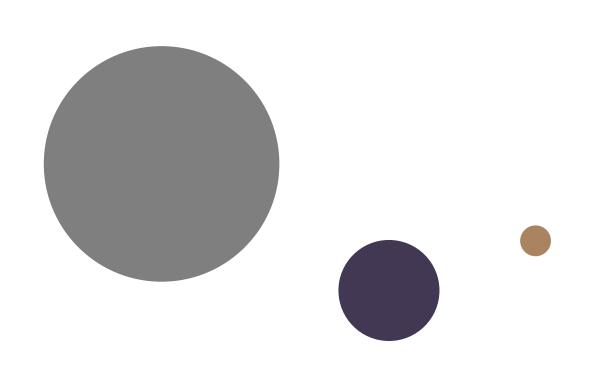




While you are in clinic...

Your patients will pop up in your NextGen appointment book as they are checked in

They will not be visible if they are not checked in



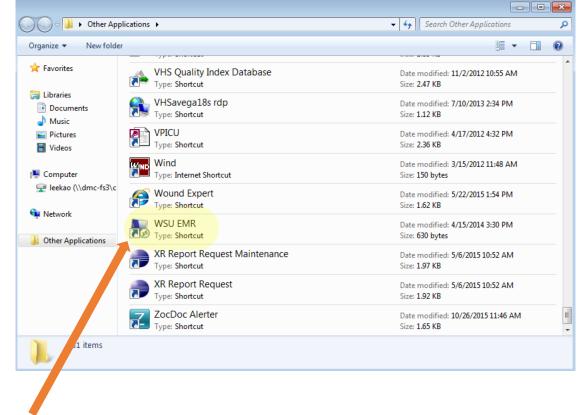


NextGen: How to log-on remotely

#### Logging onto NextGen: Citrix



Double-click "Other Applications"



Double-click "WSU EMR" for NextGen

NextGen will then appear in the world's smallest window ever ...

## Logging onto NextGen: Remotely – PC

Use the link: https://rdsweb.med.wayne.edu/RDWeb/Pages/en-US/login.aspx

**Click Clinical Applications** 

Click the NextGen 5 (Prod) icon.

Username: med\YOUR SOM ID

Password: YOUR SOM PASSWORD



RemoteApp and Desktops

#### **Clinical Applications**











## Logging onto NextGen: Remotely – Mac

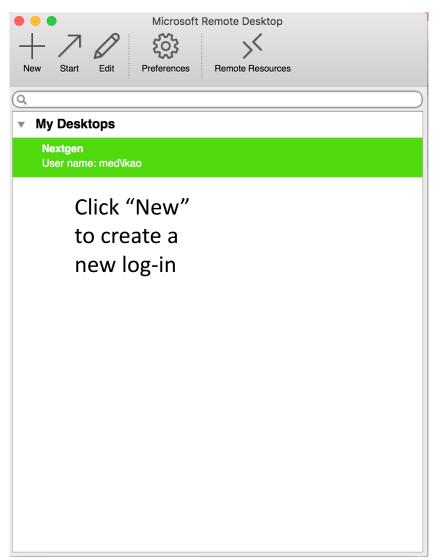
1. App store

Download Me!

2. Download Microsoft Remote Desktop 8 - the old version, not the new version (yes we are in 2019 and NextGen is aware of this bug and still has not fixed it)



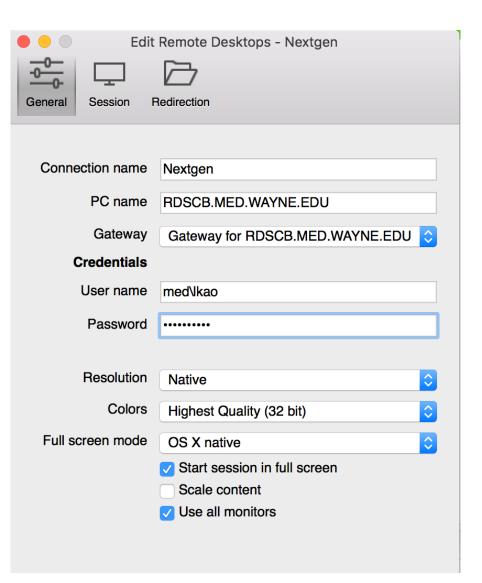
## Logging onto NextGen: Remotely - Mac

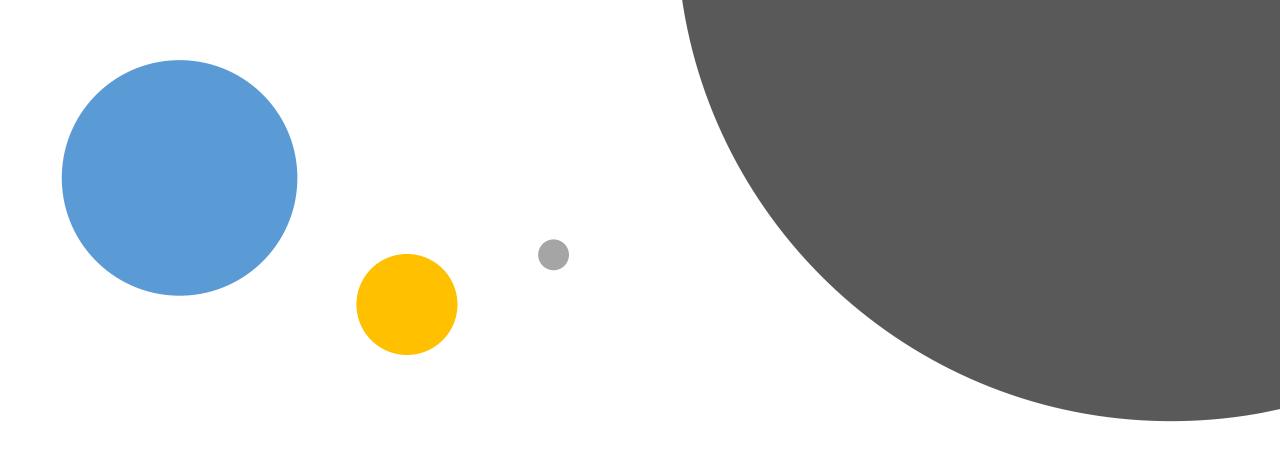


**URL:** rdsweb.med.wayne.edu

<u>Username</u>: med\Your SOM ID <u>Password</u>: Your SOM Password

- 1. A new screen will appear stating you Successfully Loaded Remote Resources. Close window.
- Double click the Next Gen 5
   (Prod) icon from the list of Remote Resources.
- 3. New blue screen appears. Select OK.
- 4. Double click the EHR icon.
- 5. Enter EHR credentials and select logon.

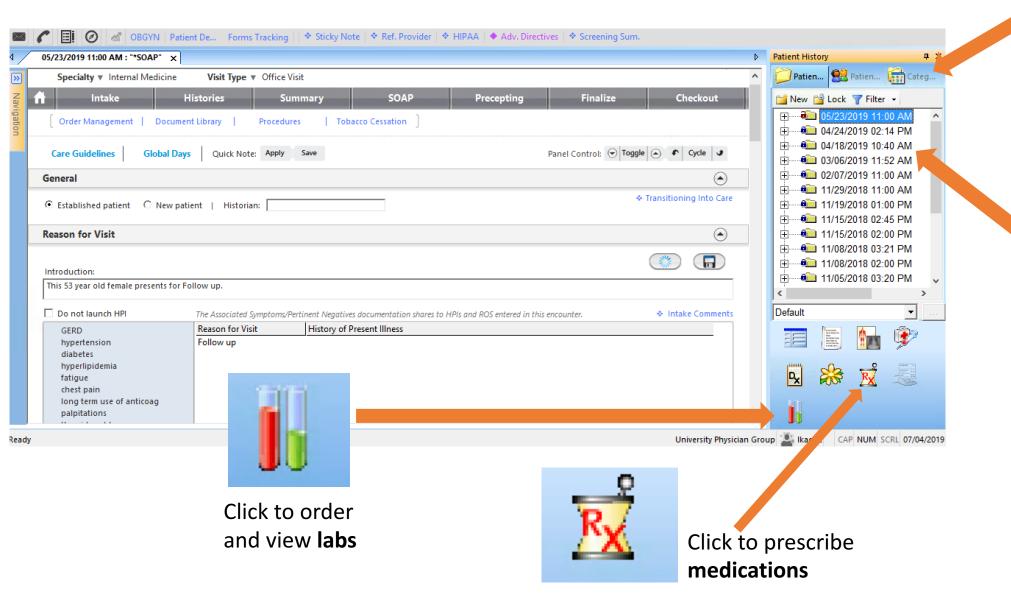




#### NextGen:

How to Complete an Ambulatory Note

#### What are all these buttons?



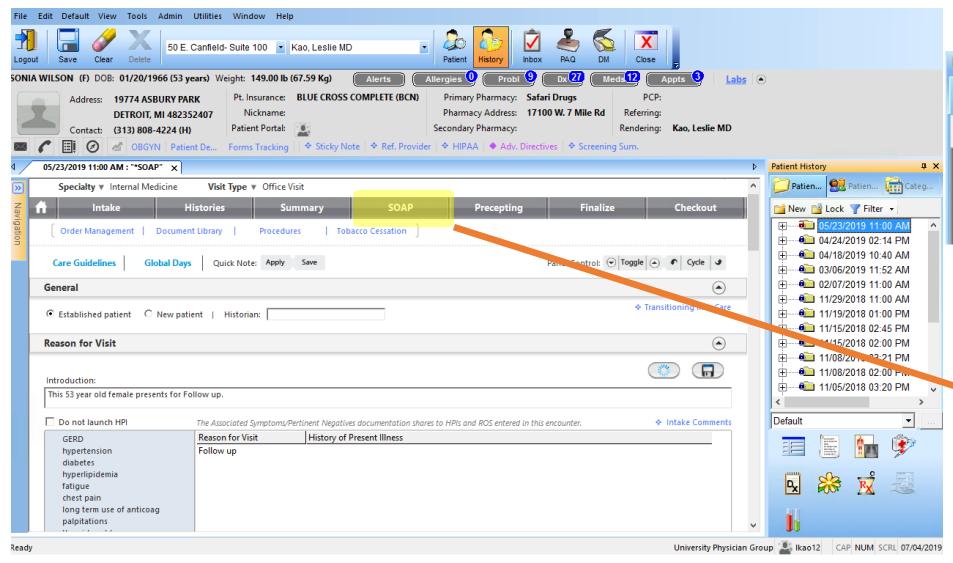
"Categories":

where you can find other documents including outside hospital records, diagnostic results, old scanned in DME forms, etc.

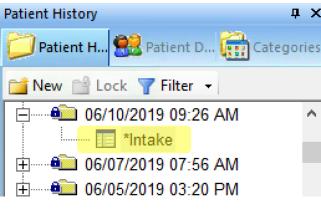
Previous encounters.

Click on the (+) to expand the encounter.

"Master\_IM" files are the final compiled note



The encounter will already have been created for you by the MAs as the patient is being checked in



Double-click on "Intake" to get to the main page

Click on **SOAP** to get to the main page where you start your note

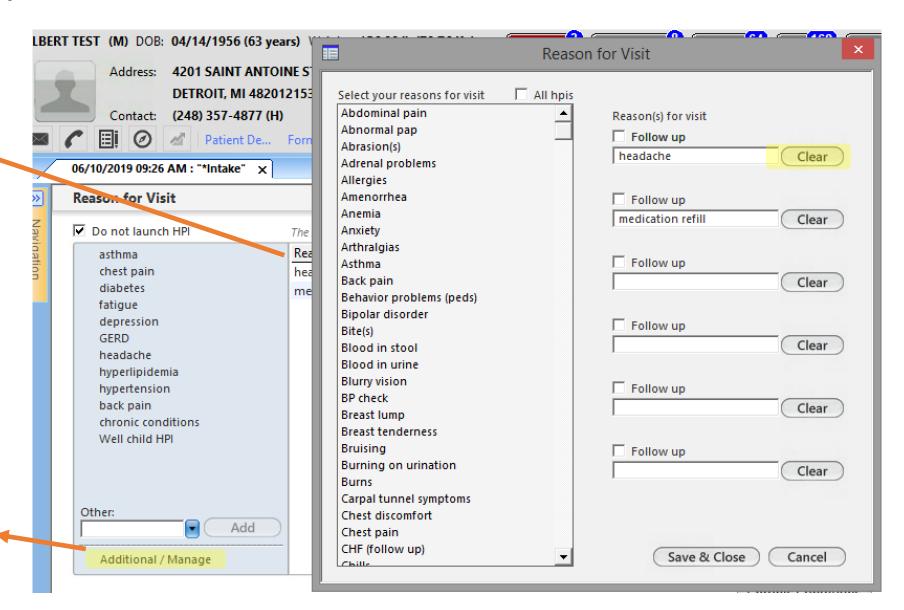
Under "Reason for Visit":

Enter a reason that is not pre-coded eg, "est visit" or "followup"

This will give you a larger free text area

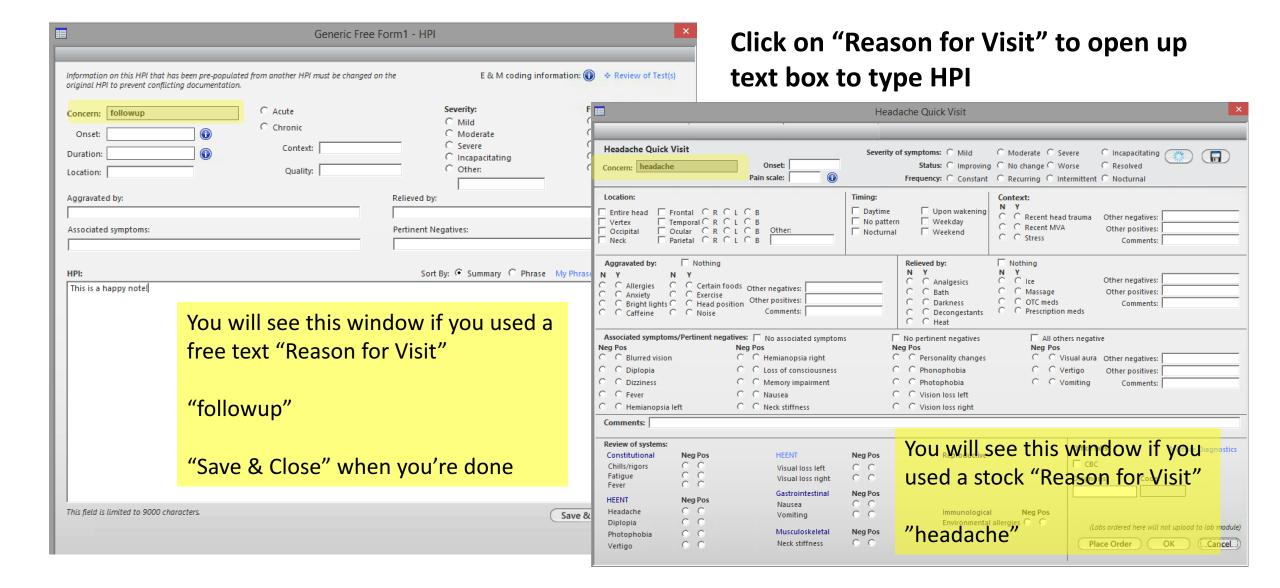
To change the "Reason for Visit":

Click on Additional / Manage



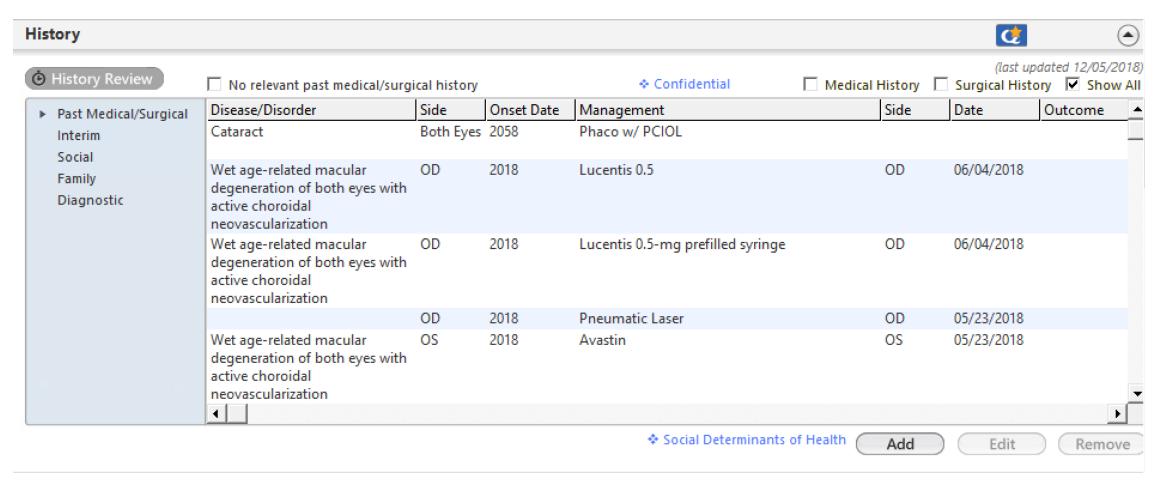
"Clear"

Then enter free text Eg 'followup'



## Histories and Vitals

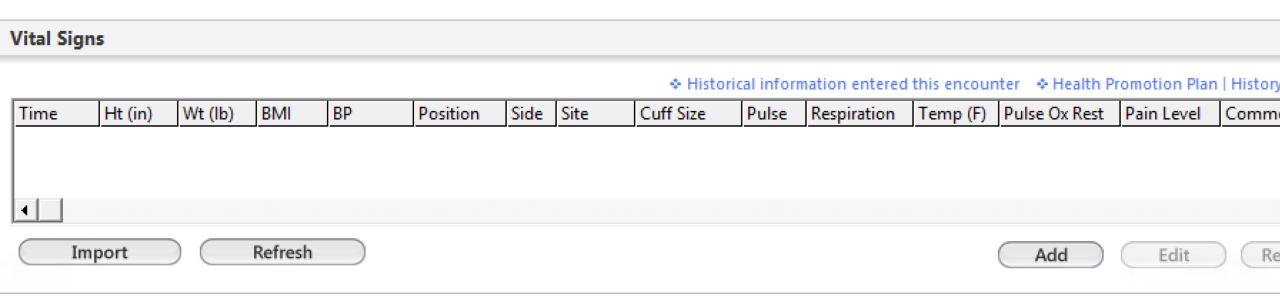
## His(Her)stories



"Add" and either choose pre-selected hx or free text hx

N.B. If a patient does not have any new histories, this does not need to be done each time

## Vital Signs

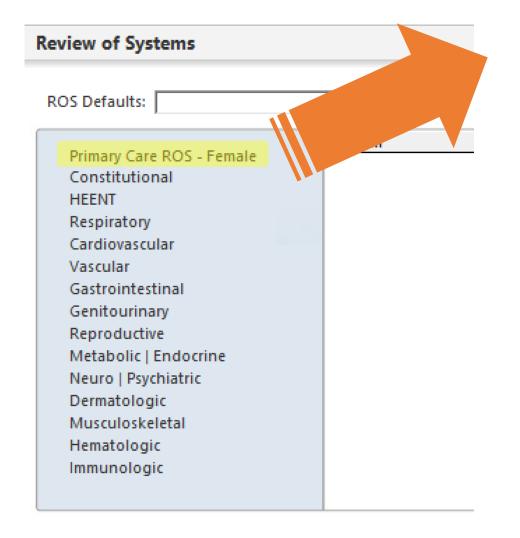


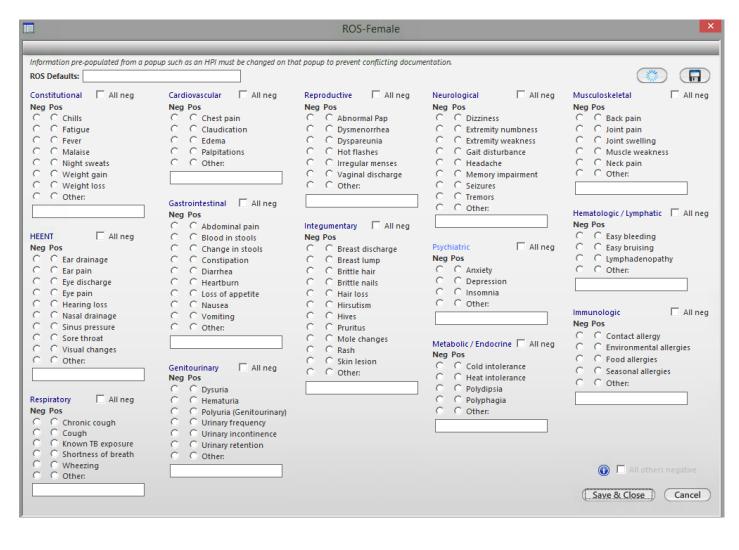
The MAs will enter the patient's vital signs from intake

If you retake any values, "Add" them manually

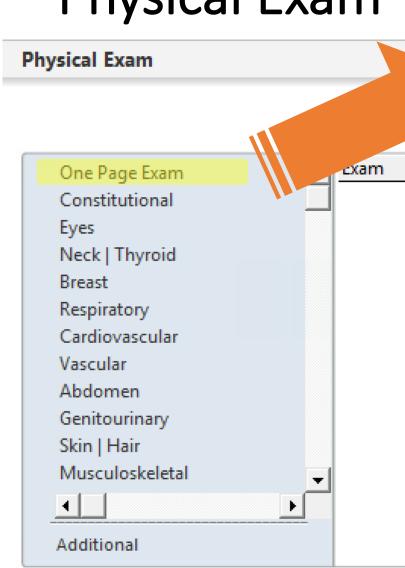
## Review of Systems and Physical Exam

### Review of Systems

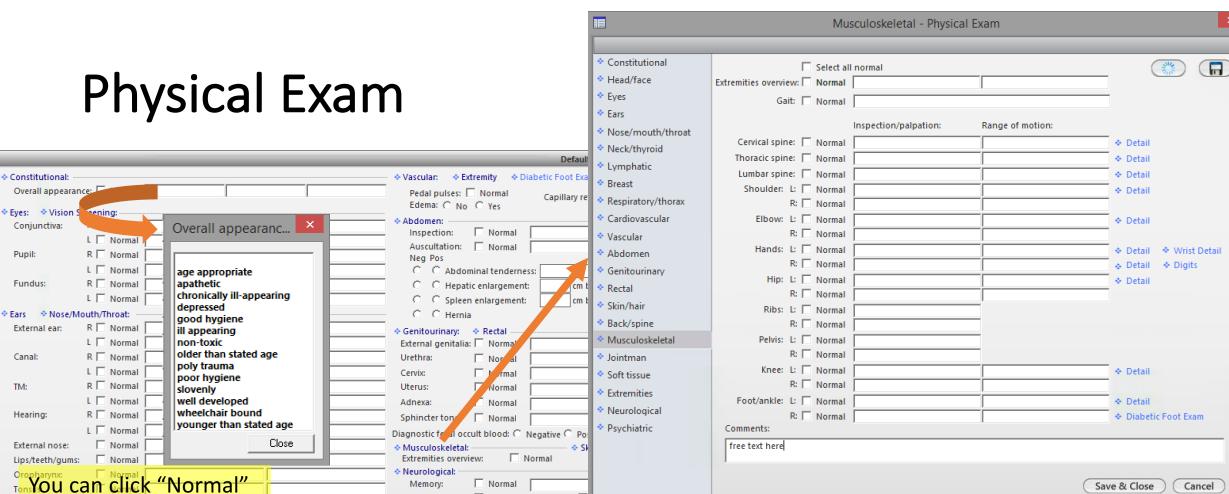




## Physical Exam



			Default:
Constitutional: —			-   Vascular:   Extremity   Diabetic Foot Exam
Overall appearar	nce: 🗌 Normal		Pedal pulses: Normal Capillary refill: C Less than 2 seconds
❖ Eyes: ❖ Vision S	crooning		Edema: C No C Yes Capitally Terms S Less than 2 seconds
Conjunctiva:	R 🗆 Normal		Abdomen:
conjunctival	L Normal		Inspection: Normal
Pupil:	R Normal	I I	Auscultation: Normal
	L Normal		Neg Pos C C Abdominal tenderness:
Fundus:	R Normal		C C Hepatic enlargement: cm below margin Crosses midline
	L Normal		C C Spleen enlargement: cm below margin Crosses midline
s & Nose/M	outh/Throat:		C C Hernia
xternal ear:	R Normal		
	L Normal		
Canal:	R Normal		Urethra: Normal
	L Normal		Cervix: Normal
TM:	R Normal		Uterus: Normal
••••	L Normal		Adnexa: Normal
Hearing:	R Normal		Sphincter tone: Normal
	L   Normal		Diagnostic fecal occult blood: C Negative C Positive C Not indicated
External nose:	Normal		Musculoskeletal:
Lips/teeth/gums	Normal		Extremities overview: Normal Inspection: Normal
Oropharynx:	Normal		❖ Neurological:
Tonsils:	Normal		Memory: Normal
Neck/Thyroid:	Lymphatic: —	, ,	Cranial nerves: ☐ II - XII grossly intact ☐ I is grossly intact ❖ Details
Neck inspection:		Thyroid gland: Normal	DTRs: Normal
Neck palpation:	Normal	Lymph nodes: Normal	Sensory: Normal
& Breast:		Breast exam deferred	♦ Psych:  No Yes  No Yes
Breast inspection	n: Normal	Breast palpation: Normal	C C Oriented to person, place, time_situation C C Poor judgement
Respiratory:			O O Appropriate mood and affect O O Poor insight
Effort:	☐ Normal		Comments: Carry forward comments
		Side: Location: Findings:	
Inspection:	☐ Normal		
Auscultation:	☐ Normal		
Cardiovascular: —			
Auscultation:	Normal	<b>♦ EKG</b>	
			Save & Close Cancel



Cranial nerves: II - XII grossly intact Neck/Thyroid: \$\display \text{Lymphatic:} DTRs: Neck inspection: Normal Thyroid gland: Normal Sensory: ☐ Normal Neck palpation: Normal Normal Lym Lymph nodes: Normal If you click on the name of the system Psych: ☐ Breast exam deferred No Yes No Yes C Oriented to person, place, time situation C O Poor judgement itself (eg, "Musculoskeletal) selected descriptions or C Appropriate mood and affect C Poor insight Carry forward comments Comments: Another window opens up that allows adjectives Location: Findings: you to enter more detail by clicking or Normal Auscultation: Cardiovascular: free texting (easier) Normal Auscultation: EKG Save & Close Cancel

Labs
Diagnostics
Referrals
Medications

Physical Therapy Orders

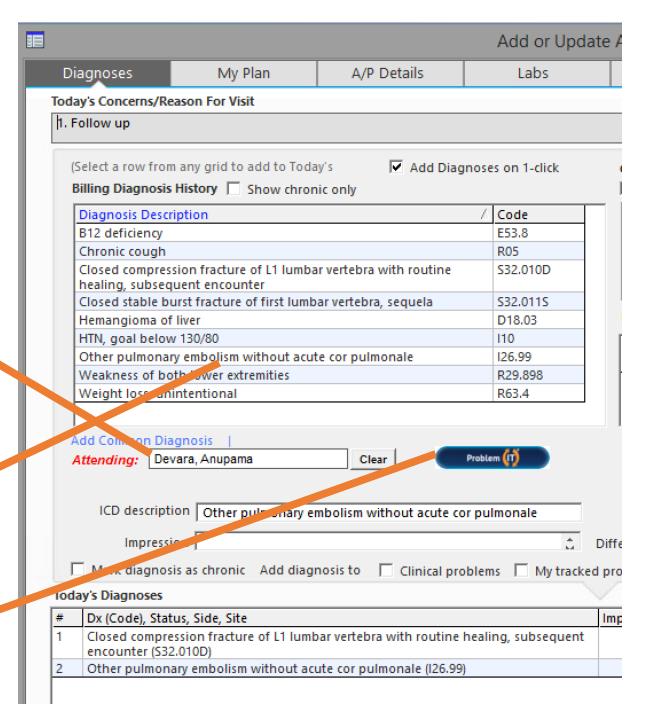
Diagnosis/Plan			
			Birth control method (BCM) at end of visit:
Diagnoses	1.	Diagnosis	Acute lacrimal canaliculitis of unspecified lacrimal passage (H04.339).
My Plan		Plan Orders	The patient had the following test(s) completed today: UA DIPSTICK.
A/P Details			
Labs (Interfaced)	2.	Diagnosis	Colon cancer screening (Z12.11).
Labs		Plan Orders	Further diagnostic evaluations ordered today include(s) Colonoscopy, diagnostic to be performed.
Diagnostics			
Referrals	3.	Diagnosis	Tobacco abuse (Z72.0).
Office Procedures		Plan Orders	Further diagnostic evaluations ordered today include(s) Low-dose chest CT to be performed.
Review/Cosign Orders			
View Immunizations			
Office Diagnostics			

Click on "Diagnoses" to start adding Dx

1. Add an Attending's name (you will not be able to do anything else until you do this step)

Tip: You may put any attending's name down to start putting in orders, then change the name after you staff

- 2. Click on previous diagnosis if available
- 3. Search for new diagnosis to add

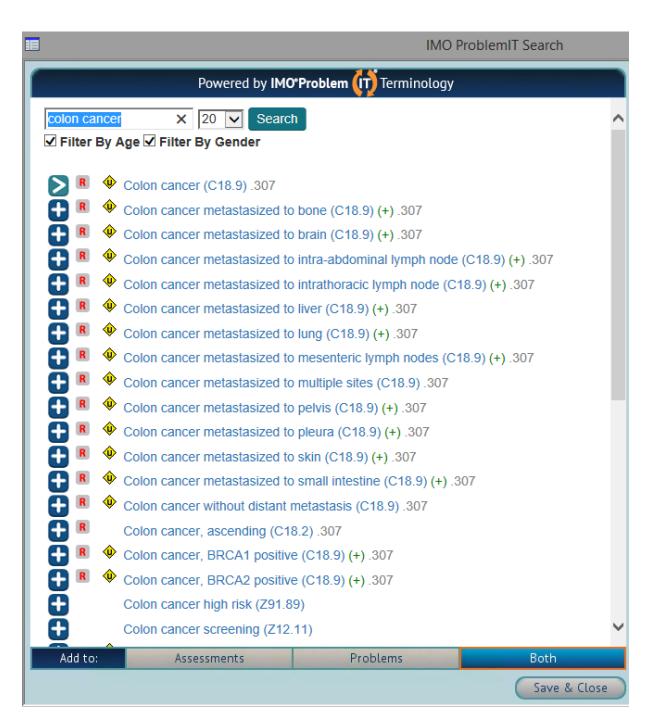


Search for new diagnosis to add:

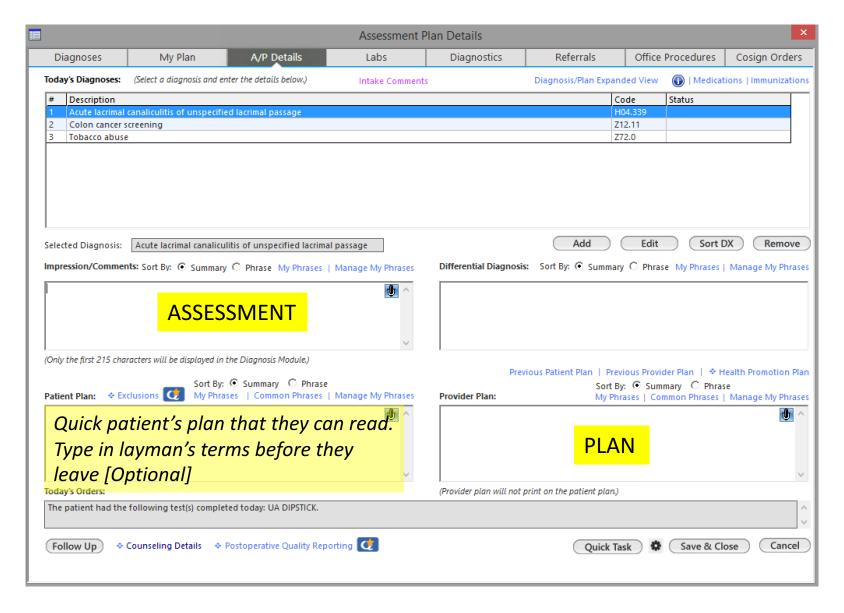
- 1. Free text
- To add diagnosis, click the PLUS sign (not the name of the diagnosis)



3. Save & Close



Highlight the Diagnosis corresponding with the Assessment and Plan



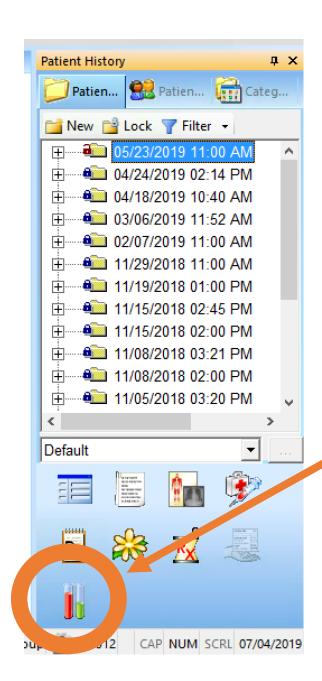
Save & Close

Don't "x" out. You will loose all your work

# Assessment and Plan Labs

Diagnostics Referrals Medications

## Labs

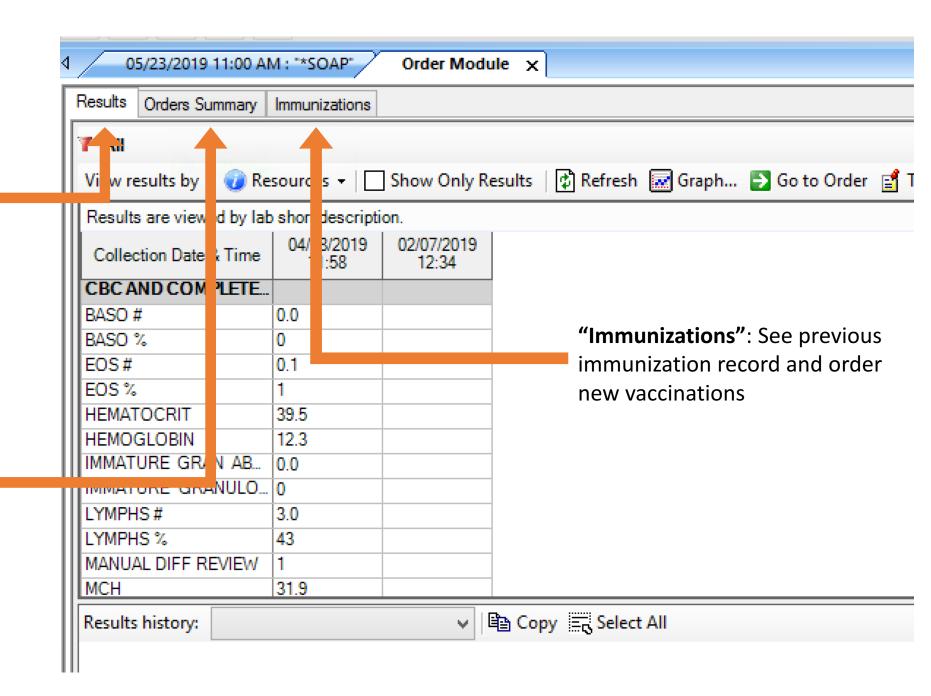


Click to order and view labs



"Results": Old labs (duh)
Labs are supposed to be
integrated with CIS – but
not all CIS labs may show
up

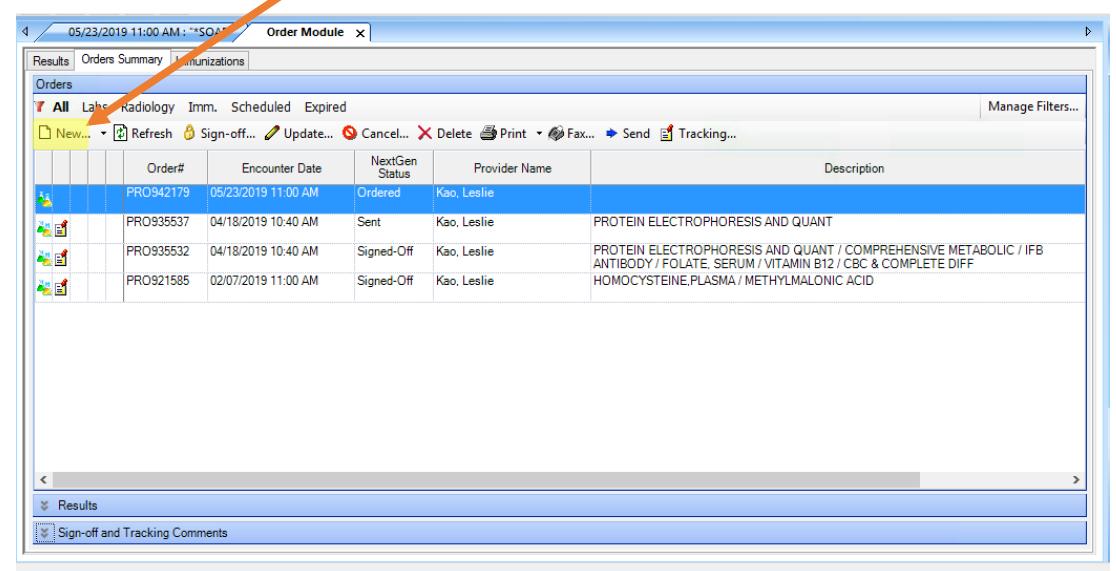
"Orders Summary": Where to order new labs





Labs

#### Click on "New..." to order new labs

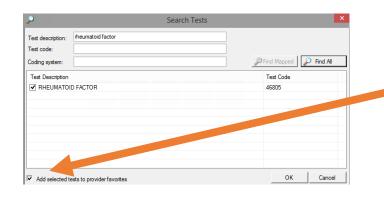


Ready University Physician Group



Labs
"Search All..." to look for labs by

name



Check this box to save lab favorites before clicking "OK"

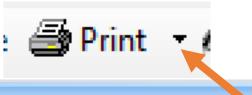
			Crea	ate New Lab C	raer for wil:	50N, 50N	IIA					^
Lab Rad	lmm											
erforming Entity: Antrim	<b>▼</b> □ 0	AT Hold O	rdered Elsewhere								Specimen	Charge •
Select Diagnosis Patient This Order Search Other pulmonary embolism w Closed compression fracture Weight loss, unintentional (R: B12 deficiency (E53.8)	vithout acute cor pulmona of L1 lumbar vertebra w	le (I26.99)	Check All Uncheck /  Hemangioma of bubs Weakness of bubs HTN, goal belo	of liver (D18.03) both lower extremiti ow 130/80 (I10)	es (R29.898)			☐ Close	diagnosi labs (eg, (Okay to	ST select as before your most of the selection of the sel	ou order st labs	>
Select Tests									into one	alagilosis	1	
Show Favorites   → By Catego	ory 🔻 This Order S	earch All Chec	k All Uncheck All	Add to Favorites	Delete from Fav	orites				Г	Use NextGen Comp	endium
ALKALINE PHOSPHATASE ( ANA ANTINUCLEAR AB (737 BASIC METABOLIC PANEL ( BHCG, QUANTITATIVE (169 CBC & COMPLETE DIFF (19 CHLAM/GONO DNA AMPLI ( CHLAMYDIA DNA AMPLIF (3 COMPLEMENT C3 (16964) COMPLEMENT C4 (23325) COMPREHENSIVE METABO	)	REACTIVE PROTEIN EATININE, RANDON RRITIN (29884) LATE, SERUM (3036 EE THYROXINE (FT YCATED HGB (AFF INORRHEA DNA AN V FIBROSURE (3376 PATITIS B SURFACI	M URINE (110155)  [31)  [4) (703)  [INITY HPLC) (3114  [PLIF (315671)  832)  [NEL (214536)	HEPATITIS C GI HEPATITIS C TO HIV AG/AB (3270 HPV FROM SUF IFB ANTIBODY LIPID PROFILE MAGNESIUM (3 MICROALBUMIN OVA & PARASIT PREGNANCY, L	DTAL AB (324855 072) RE PATH PAP (31 (337758) (124784) 8646) N, URINE (115485 ES (326710)	9483)	PROT PSA,T PT (wi PTH, I PTT (4 RHEU SED F	EIN, URINE (1102 OTAL (45534) ith INR) (646) INTACT (213447) 42721) IMATOID FACTOI		TB SPOT (32947  THIN PREP AND TSH (612)  URIC ACID (512)  URINALYSIS, CO	CREEN (335299) ON GOLD (255/51) (4) O H V INDICATION ( D1) OMPLETE (166)	
Assign Diagnosis to Selected Te	sts											
Check Medical Necessity	Delete Failed Tests	Delete Test	Assign All Diagnosis	Unassign /	All Diagnosis	Set Sch	edule	Dual Coding				<<
												ABN O

Click on the labs that you want to order

To finish:
Save & Send

Save & Send



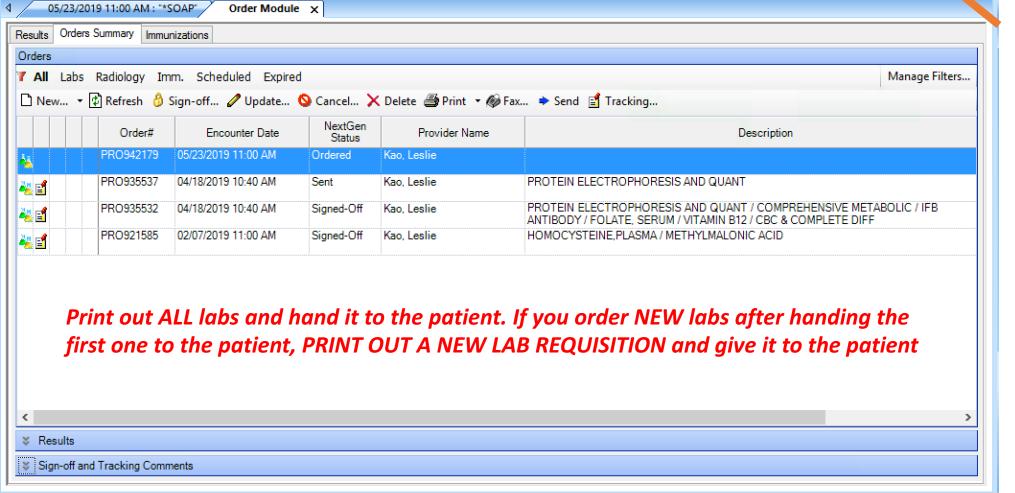


Once you order labs, make sure the lab encounter you want is highlighted

Click on the down arrow next to print

Click "Print Preview"
Wait impatiently ... really
it's an uncomfortably
long pause

Click the print icon and choose your printer



Ready University Physician Group



# Invalid Requisition Missing Diagnosis

M00.9

YES!!!

## **DMC**

#### University Laboratories

4201 St. Antoine, Detroit MI48201 For Services: 313-745-4100 or 800-456-2154 Specimen Pickup: 800-456-7637

Order Date/Time: 7/4/2019 10:52:34PM WSUPG Person Number: 107429239 Home Phone: (313) 402-0840

Client Account #: 1041412 Patient: TEST, ALEXANDER

Client Location: 50 E. Canfield- Suite 100 Address: 921 BEECHMONT ST, DEARBORN, MI,481241512

50 E. Canfield Detroit, MI

48201 DOB: 06/02/1941 Sex: M

Client Phone: (313) 745-4525 Pager: () - <u>Diagnosis Code</u>

Ordering Physician: Kao, Leslie Order Entered By: Leslie Kao

Order Submitted Electronically at: 7/4/2019 10:54:17PM

Status of Electronic Order: Sent

Collect Date: Collect Time:

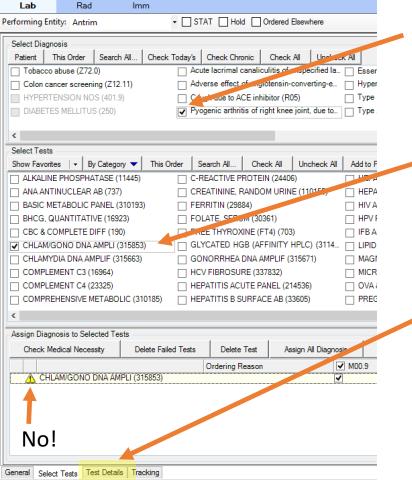
\*\* Make sure the diagnosis is at the top (if there is no diagnosis, there will be large angry red words)

- 1. Right click on the lab encounter
- 2. Edit
- 3. Highlight all the labs
- 4. Select a diagnosis



# Labs: Gonorrhea and Chlamydia

This will be the most infuriating lab you will order. If it doesn't work, delete the order and start again



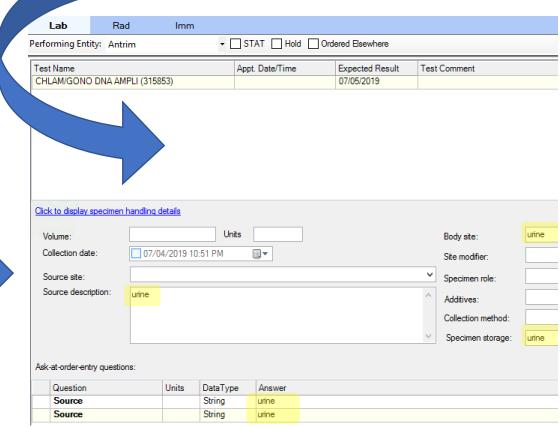
Diagnosis

Try using the combined G/C test (315853)

Click on "Test Details" to add information



Write "Urine" or "Cervix" or "Penis" wherever you can or else you will get angry red letters at the top of the printed lab



Assessment and Plan Labs

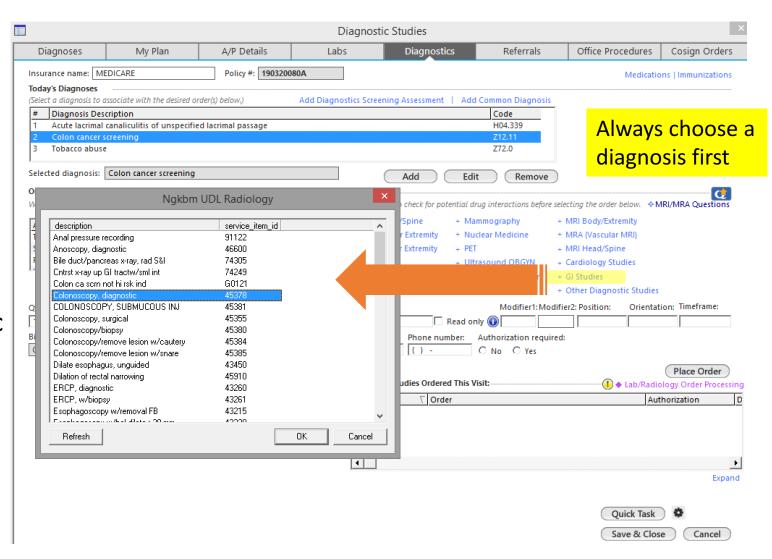
# **Diagnostics**

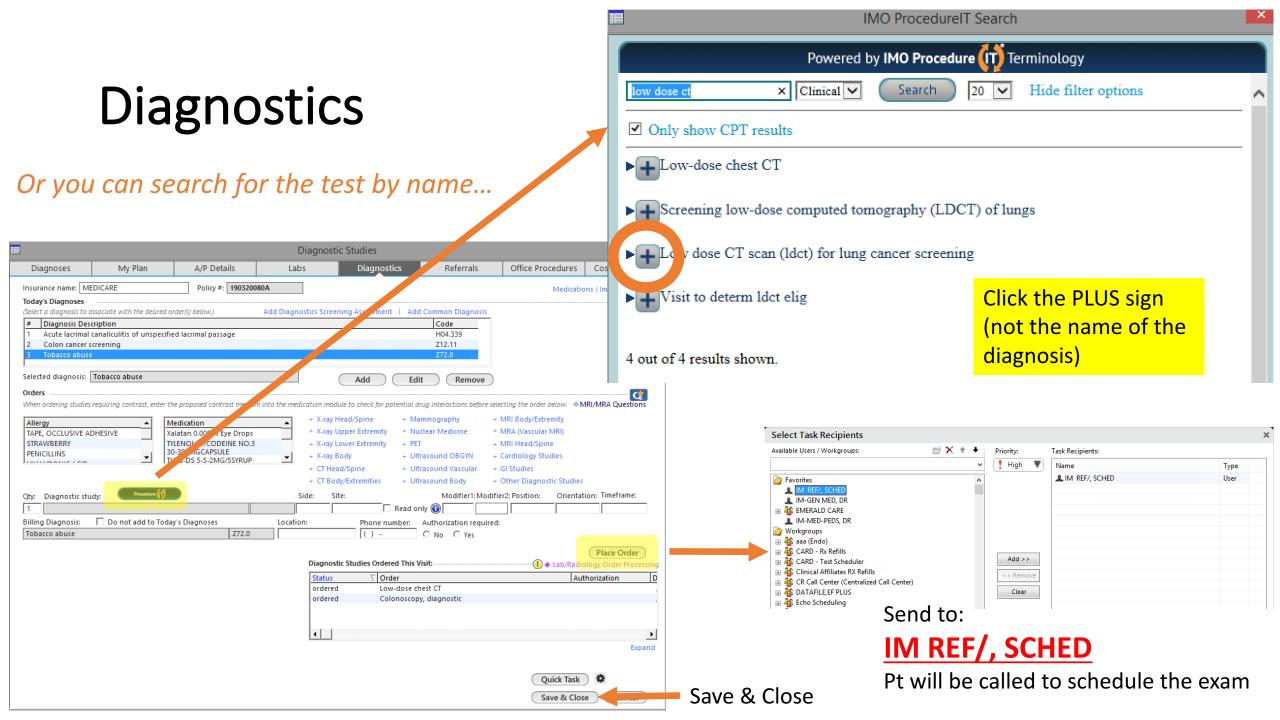
Referrals Medications

## Diagnostics

You can search for a test through a category:

+GI Studies > Colonoscopy, diagnostic





## Diagnostics

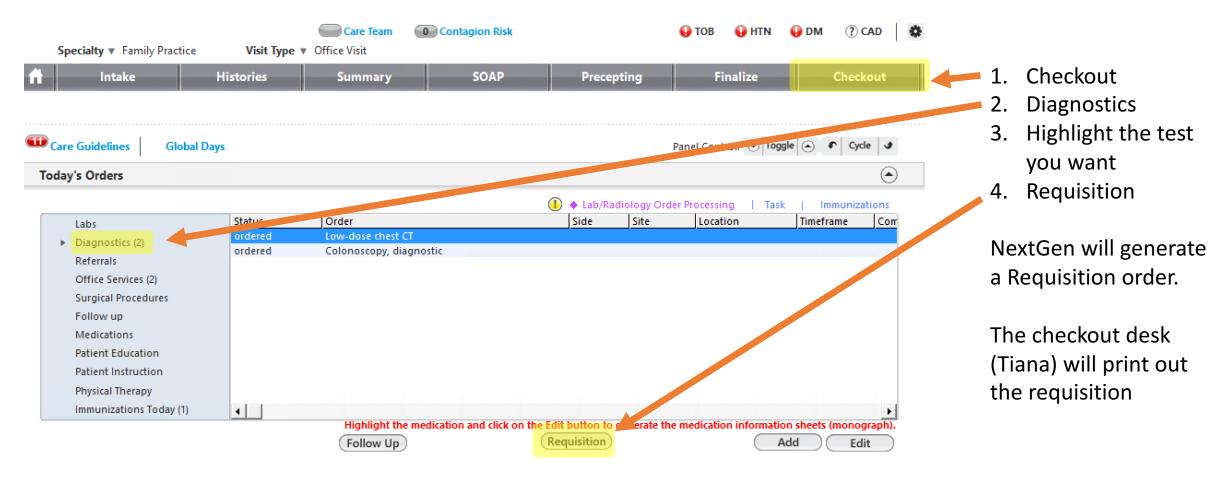
Physical Therapy Orders

#### Diagnosis/Plan Dx/AP History Birth control method (BCM) at end of visit: Acute lacrimal canaliculitis of unspecified lacrimal passage (H04.339). Diagnosis Diagnoses Plan Orders The patient had the following test(s) completed today: UA DIPSTICK. My Plan A/P Details Diagnosis Colon cancer screening (Z12.11). Labs (Interfaced) Further diagnostic evaluations ordered today include(s) Colonoscopy, diagnostic to be performed. Plan Orders Labs Diagnostics Referrals Diagnosis Tobacco abuse (Z72.0). Office Procedures Plan Orders Further diagnostic evaluations ordered today include(s) Low-dose chest CT to be performed. Review/Cosign Orders View Immunizations Office Diagnostics

#### Success!!

## Diagnostics

But you still need to give the Diagnostic prescription ("Requisition") to the patient...

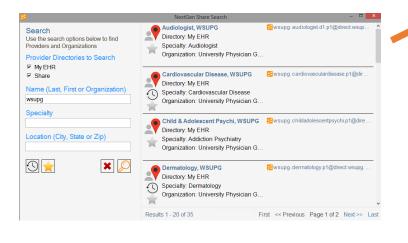


If a patient does not get a scheduling phone call, give them the DMC CENTRAL SCHED line: 313-745-2778

Assessment and Plan Labs
Diagnostics
Referrals
Medications

# Specialty Referrals

PT/OT/SLP referrals also from here



Priority:

Add >>

Task Recipients:

Name

EMERALD CARE

Select Task Recipients

Available Users / Workgroups:

⊕ CARD - Test Scheduler

Favorites

IM REF/, SCHED

IM-GEN MED, DR

EMERALD CARE

IM-MED-PEDS, DR

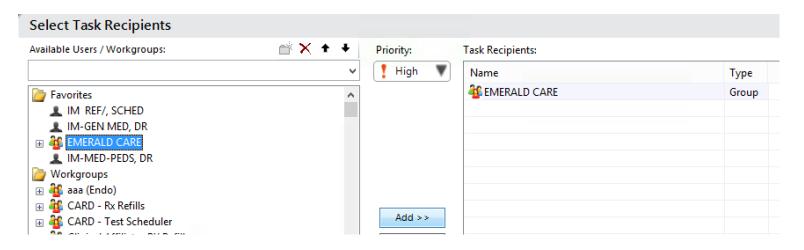
Workgroups

Aaa (Endo)

CARD - Rx Refills

Referrals Order										
Diagnoses	M	ly Plan	A/P Detai	ls Lab	)S	Diagnostics	Referrals	Office Procedures	Cosign Orders	
Insurance name: M	EDICARE		Policy #: 19	90320080A				Medications   Ir	nmunizations	
Specialty/special     Therapies/Rehab     DME	ilitation	Exclusions				er name: ryngology, WSUPG Reason for Refei Non-WSUPG Pro	vider:	G, choose	reason	
Diagnosis:  1. Acute lacrimal ca 2. Services requested: C Consult		f unspecified l		Code: H04,339  C Assume care	3. 4.		ng	Code:		
Clinical indications: Reason for referral: lacrimal stone Clinical information	/Comments:	Free t		First Av	ne: railable Pro	vide Attachments:			Details Details	
Instructions:  Patient referral/i  Summary of Car  Referrals ordered th	e/Record ser	nt	<b>♦</b> Instruction	ıs Detail		. (Highlight row to update)	Add Update	e Remove	Clear All	
)1	rdered Date	Done	Code Diagnos	is	Order			Order Comments	Referral	
	/04/2019					Otolaryngology. Otolary edical Center. Evaluate ar	ngology, WSUPG. Location nd treat	n:	processed	
Group									Þ	
					C	lick on share button to	send the electronic refe	Quick Task	Send Task Close	

# Specialty Referrals



Share Referral with Emerald Care\*\*

They call insurance company to obtain approval for referral and then call the patient to schedule the appointment

\*\* Only send UPG referrals to Emerald Care

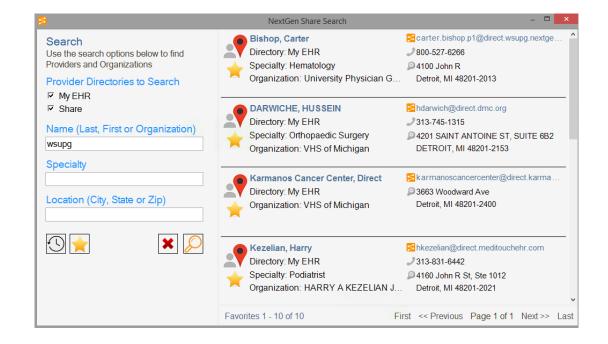
#### Do NOT send:

- PT/OT, PMR, Pediatrics, Podiatry, Pain Management or Allergy&Immunology
- Psychiatry: always has to be scheduled by patient for privacy

**Delayed Referrals** (please finish note on same day if referring):

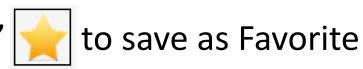
- General Surgery
- Plastic/Hand Surgery
- Geriatrics
- Benign Hematology
- Malignant Hematology
- Oncology
- Neurology
- Ophthalmology

# Specialty Referrals: Frequently used examples



#### 1. Search Name

2. Click on "Star"



General Surgery:
John Webber (also Bariatric sx)
James Tyburski

Orthopaedic Surgery:

Hussein Darwiche

Neurosurgery:

Rahul Vaidya

Plastic Surgery:

Podiatry:

Harry Kezelian

Dietitian:

Josephine Mirasolo

Pulmonology (UPG)

CF: Dana Kissner

pHTN: Ghulam Saydain

Lung nodule: C. Jinjuvadia

Sarcoidosis: Samavati

Benign Hematology:

Carter Bishop

**Karmanos Cancer Center:** 

Cardiology, EP: Randy Lieberman

Female Urology: Nivedita Dhar

And so many others...

Assessment and Plan Labs Diagnostics Referrals Medications



05/23/2019 11:4

Bismuth 262 mg t

Ready

Take 1 tab every

☐ PRN

AM: "\*SOAP"

First time the med was prescribed at its current dose and frequency

Accept

Cancel

Look under inactive

meds for previous

dosages

Last time med was renewed

Sig: directions given to patient on how to take med

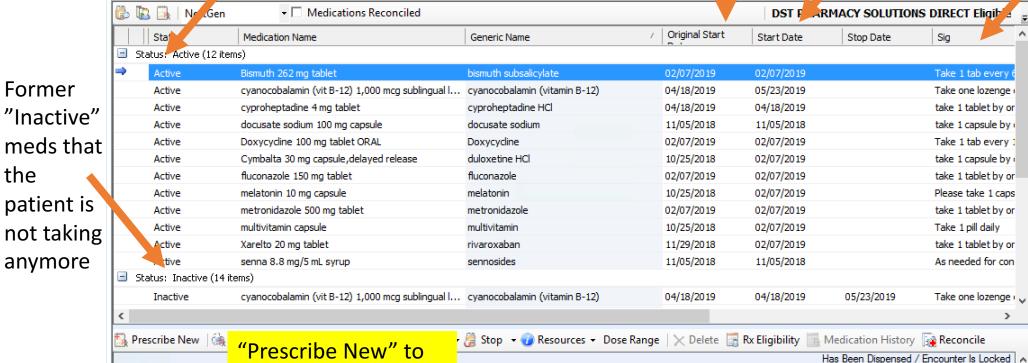
CAP NUM SCRL 07/04/201



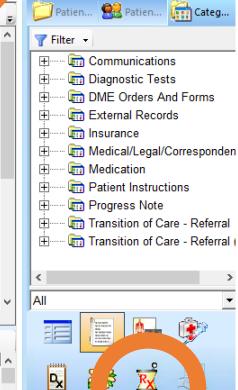
prescribe new med

Reason:

Order Module



Medications Module x

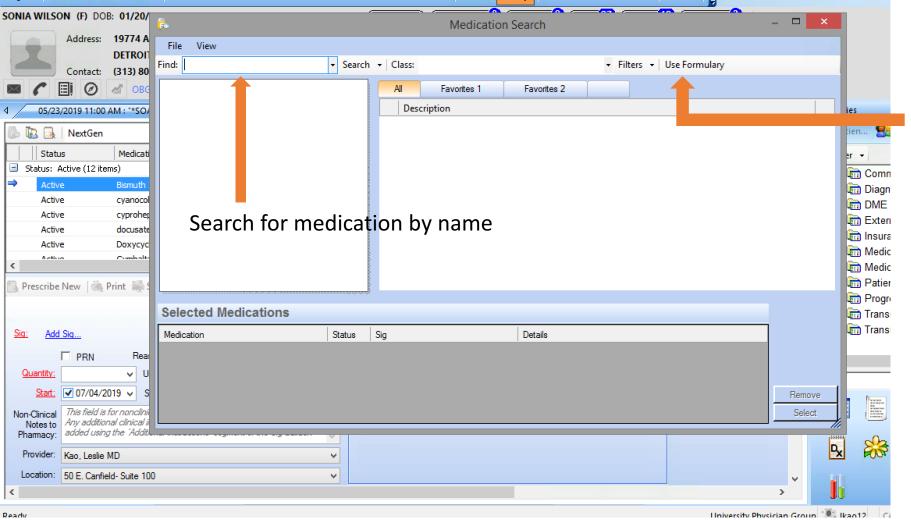


University Physician Group L Ikao12

Categories

"Inactive" meds that the patient is not taking anymore

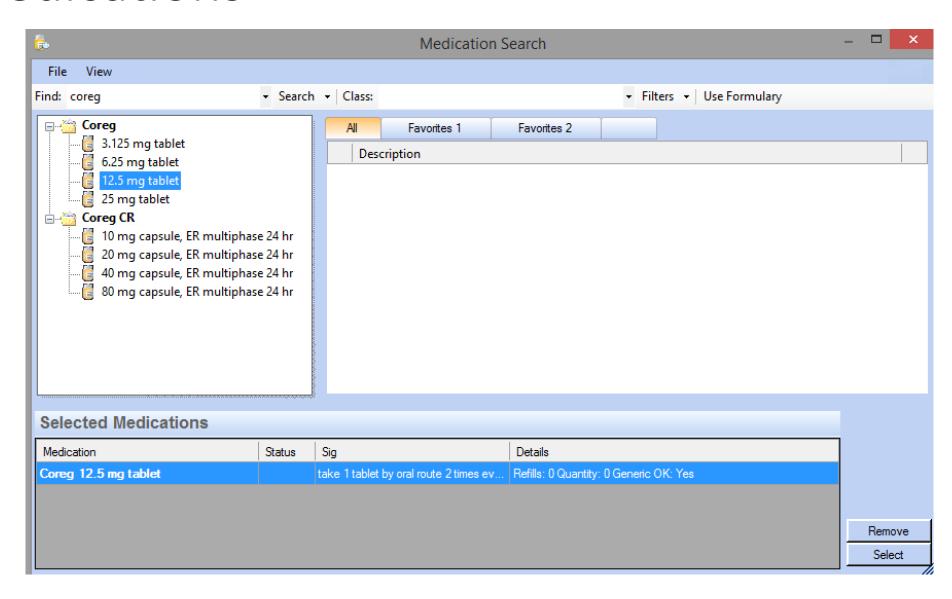




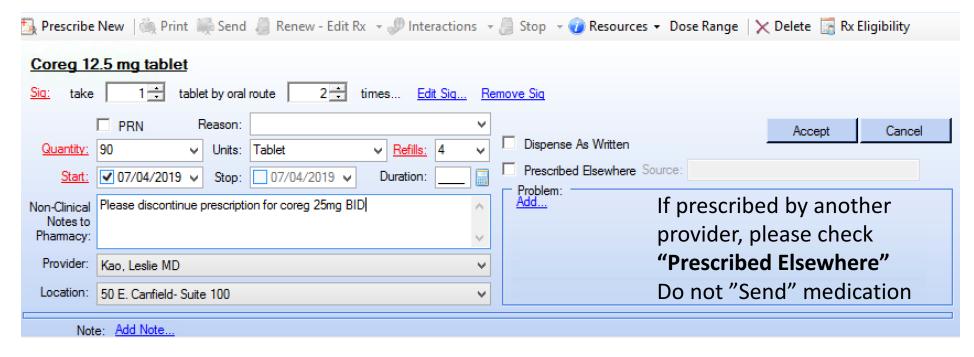
"Use Formulary": will tell you if the medication is covered by the patient's insurance

You can unclick it if you don't find what you're looking for, but it may not be covered by the patient's insurance and you will have to get a "Prior Authorization" (See Bev or Office Manager)









Sig: Directions to the patient to take the drug

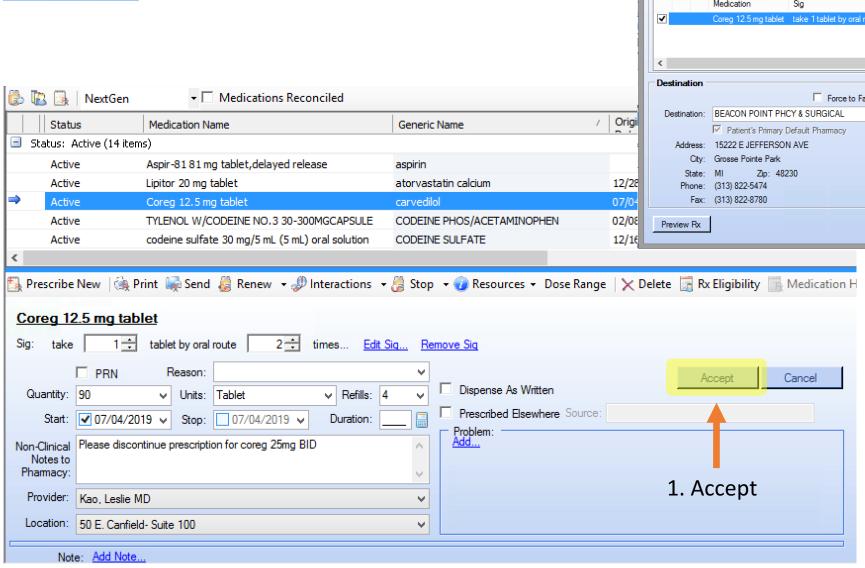
**Quantity:** If renewing a stable med, please give 90 tabs if appropriate so the patient does not have to go to the pharmacy every month

**Start/Stop:** Put a stop date if appropriate (eg, acute antibiotic course)

<u>Non-Clinical Notes to Pharmacy:</u> If changing medication, please tell pharmacy to discontinue old medication (and discontinue med in EMR)

"Please substitute whichever generic that is covered by insurance"

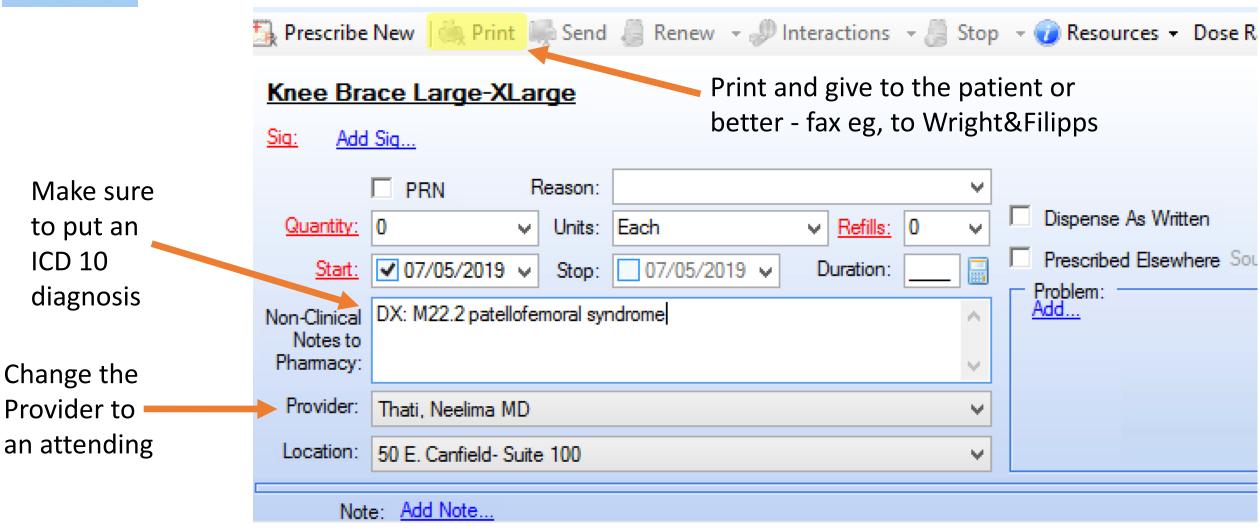




\_ 🗆 🗙 Send Prescription Patient Information Prescriber Information Name: ALEXANDER T TEST Name: Leslie Kao, MD 50 E Canfield Detroit, MI 48201 6/2/1941 Date of Issuance: 7/4/2019 Phone: (313) 745-4525 DEA Number: FD2397304-7210 NADEA Number: Medications Medication Refills Start Date Non-Clinical Notes to Pharmacy Coreg 12.5 mg tablet take 1 tablet by oral route 2 times every day with food 90 Tablet 4 Notes to the pharmacy should be non-clinical. Force to Fax Actions Manage Patient Pharmacies Additional Transaction Details Send Cancel 2. Send or **Print** if scheduled medication (eg, Norco, Ambien, Gabapentin)



#### You can write for DMEs



# Whew! Doooooooone... finally, now what?

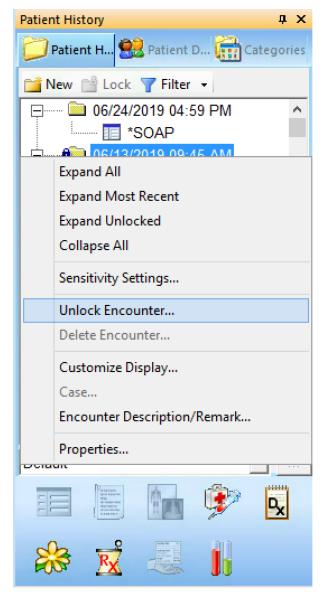
Scroll all the way down Consent Procedure Scheduling Follow Up Add/Update Consent Precepting Refresh Click "Precepting" New screen, scroll all the way down Resident/MLP/Fellow Sign off Click box to sign Scribe Sign off and send to your Attending Clear attending All done!!!

# Miscellaneous

You procrastinated and now the encounter is

locked...

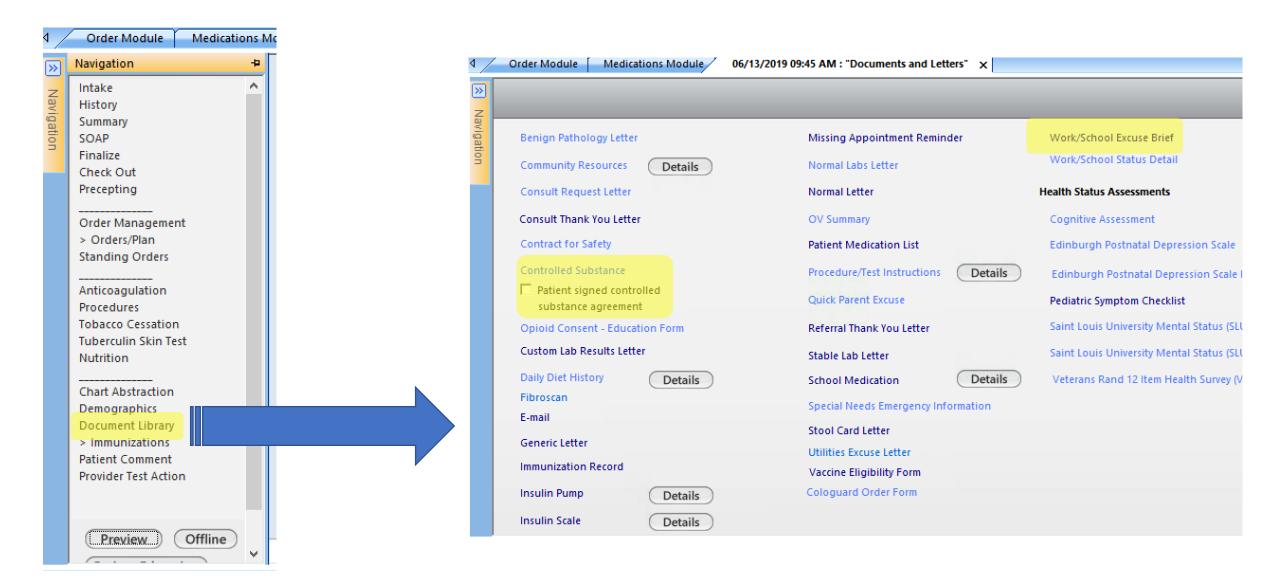
Right click on the encounter

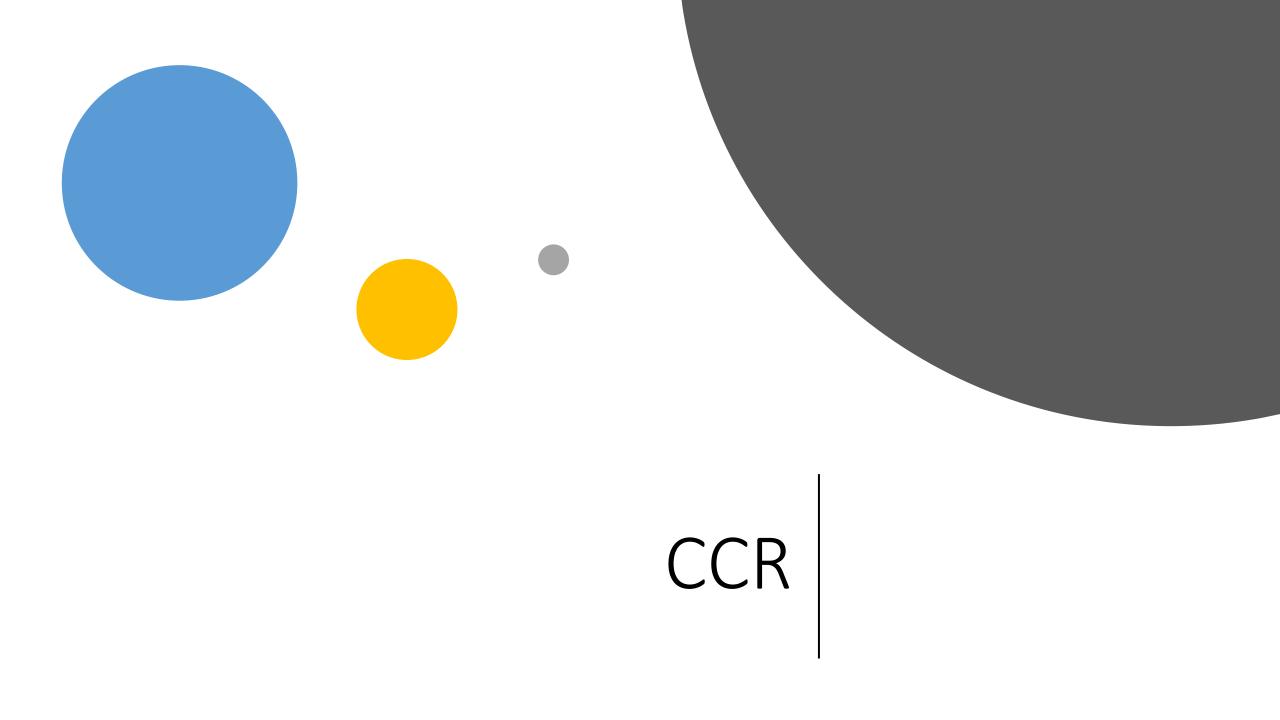


Type in your <a href="NextGen password">NextGen password</a> (not the computer \med password)

It will unlock the encounter and you will be able to edit your note

# Where do I find opiate contracts (work letters etc)





# Continuity of Care and CCRs:

- To ameliorate the impact of X+Y scheduling on patient care in the ambulatory setting utilizing a smartly designed "mini-practice" model.
- We created mini-practice groups consisting of one (or two) residents from each cohort.
- Each week the resident on his/her clinic week was assigned to act as the Practice Clinic Continuity of Care Resident (PCCCR) for his/her mini-practice.

# Inter-cohort groups

Sulaiman Barkho/Nathan Zaher	PGY1	Dana Kabbani (HIV)	PGY2	Yahya Ibrahim/Rashid Alhusain	PGY3/PGY1	Preeya Prakash	PGY2	Paul Nguyen	PGY1
Ali Saker	PGY3	Eskara Pervez	PGY2	Mustafa Ajam	PGY3	Jana Dbaibou	PGY2	Omid Yazdanpanah	PGY1
Scott Smith (HIV)	PGY3	Perani Chander	PGY1	Antonio Smith (HIV)	PGY3	Zain Fatiwala	PGY1	Jawarya Safdar	PGY1
Khaled Janom	PGY3	James Bathe	PGY3	Adel Elmoghrabi	PGY3	Amir Sara	PGY2	Aiman Ajaz	PGY1
Sahil Jindal/Hayan Ibraheem	PGY1	Marvin Kajy	PGY3	Mowyad Khalid	PGY3	Omer Alrawi	PGY3	Anshu Wadehra	PGY2
Sahir Choudhry	PGY1	Jie Chi	PGY3	Muhanad Taha	PGY3	Anupamdeep Mehar	PGY2	Layla Shanah	PGY1
Said El Zein (HIV)	PGY2	Jose Romeu-Torres	PGY1	Ahmed Yeddi	PGY3	Oliver Darzi	PGY2	Saritha Kadari	PGY1
Omar Chehab	PGY2	Reda Awali	PGY1	Kendall Bell	PGY3	Nehal Altaie	PGY1	Kalyan Sreeram	PGY3
Arslan Mahmood	PGY2	Justin Gatt	PGY2	Hajra Khan	PGY2	A. Ghufran Baquar	PGY1	Irfan Shafi	PGY3
Alpana Garg	PGY3	Mahvish Khalid	PGY2	Maha Husainat/Huyam Awadalla	PGY1	Parminder Virdi	PGY1	Sophia Hemmrich	PGY1
Lakshmi Pathai	PGY3	Aliza Rizwan	PGY2	Maya Shatta	PGY1	Hamza Tahir	PGY1	Haris Younas	PGY2
Amir Laktineh	PGY3	Hammad Ali	PGY2	Adnan Halboni/Abu-bekr Mohamed	PGY1	Ghadhanfer Salih	PGY1	Sohaip Kabashneh	PGY2
Hussam Tabaja	PGY3	Muhammad Usama	PGY3	Ahmed Abdulrahim (HIV)	PGY1	Daniel Kurtz	PGY1	Aditi Sharma	PGY2
Saim Choudhry	PGY1	Nabil Al-Kourainy	PGY3	Mohammed Ali	PGY1	Hadeel Sahar	PGY3	Jung-Ho Kim	PGY2
Usman Ahmad	PGY1	Deya Obaidat	PGY3	Lekiesha Porter	PGY1	Neelambuj Regmi	PGY3	Tanveer Mir	PGY2
Razan Alhaddad	PGY1	Zaynab Al-Sagri	PGY1	Omnia Awad	PGY2	Tamara Mansy	PGY3	Suman Khicher	PGY3
Nabeel Rizvi	PGY2	Tarec Micho Ulbeh	PGY1/PGY2	Waleed Ayesh	PGY2	Sindhuri Benjaram	PGY3	Anita Choudhary	PGY3
Emilia Khalil	PGY2	Mohamad Amer Soudan	PGY1	Zaid Kaloti	PGY2	Catherine Czesnowski	PGY3	Sarvani Surapaneni	PGY1
Brett Trzcinski	PGY2	Joseph Sebastian	PGY1	Susan John	PGY2	Maninder Kaur/Mohammad Nasser	PGY3/PGY1-2	Ahmed Yassin	PGY3
Samer Alkassis	PGY1	Salina Faidhalla	PGY2	Hassan G Mohamed	PGY2	Kenisha Evans	PGY3	Tushar Mishra	PGY3
Abdulrahman Mahdi	PGY1	Syed Mohsin	PGY2/PGY3	Omeralfaroug Adam	PGY2	Chris Chauvin	PGY1	Nada Al Masalmeh/Shoshana Rothstein	PGY3/PGY1
Aamer Javed/George Moussa-done 12/29	PGY2/PGY1	Marcus Sepnafski/Mohammed Uddin	PGY1	Faisal Agha	PGY2/PGY3	Sandy Akrawi/Muhanad Deen	PGY3/PGY1	Raad Al Shaikhli/Pierre Palo	PGY1
Michael Serafin/Bani Saad	PGY1/PGY2	Yechiel Mor/Daniel DeNeve	PGY1	Zeinab Elreda	PGY1/PGY2	Ameer Harp/Christopher Kelly	PGY1/PGY1	Nasser Abdelhadi/Neel Patel	PGY1

Plus alumni for which each group is still responsible

# Inter-cohort groups

Sulaiman Barkho/Nathan Zaher	PGY1	Dana Kabbani (HIV)	PGY2	Yahya Ibrahim/Rashid Alhusain	PGY3/PGY1	Preeya Prakash	PGY2	Paul Nguyen	PGY1
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Sahil Jindal/Hayan Ibraheem	PGY1	Marvin Kajy	PGY3	Mowyad Khalid	PGY3	Omer Alrawi	PGY3	Anshu Wadehra	PGY2
Sahir Choudhry	PGY1	Jie Chi	PGY3	Muhanad Taha	PGY3	Anupamdeep Mehar	PGY2	Layla Shanah	PGY1
Said El Zein (HIV)	PGY2	Jose Romeu-Torres	PGY1	Ahmed Yeddi	PGY3	Oliver Darzi	PGY2	Saritha Kadari	PGY1
Omar Chehab	PGY2	Reda Awali	PGY1	Kendall Bell	PGY3	Nehal Altaie	PGY1	Kalyan Sreeram	PGY3
Arslan Mahmood	PGY2	Justin Gatt	PGY2	Hajra Khan	PGY2	A. Ghufran Baquar	PGY1	Irfan Shafi	PGY3
Alpana Garg		Mahvish Khalid	PGY2	Maha Husainat/Huyam Awadalla		Parminder Virdi		Sophia Hemmrich	PGY1
Lakshmi Pathai		Aliza Rizwan	PGY2	Maya Shatta		Hamza Tahir		Haris Younas	PGY2
Amir Laktineh		Hammad Ali	PGY2	Adnan Halboni/Abu-bekr Mohamed		Ghadhanfer Salih		Sohaip Kabashneh	PGY2
Hussam Tabaja		Muhammad Usama	PGY3	Ahmed Abdulrahim (HIV)		Daniel Kurtz		Aditi Sharma	PGY2
Saim Choudhry		Nabil Al-Kourainy	PGY3	Mohammed Ali		Hadeel Sahar		Jung-Ho Kim	PGY2
Usman Ahmad	PGY1	Deya Obaidat	PGY3	Lekiesha Porter		Neelambuj Regmi		Tanveer Mir	PGY2
Razan Alhaddad	PGV1	Zaynab Al-Sagri	PGY1	Omnia Awad		Tamara Mansy		Suman Khicher	PGY3
Nabeel Rizvi	PGY2	Tarec Micho Ulbeh	PGY1/PGY2	Waleed Ayesh		Sindhuri Benjaram	PGY3	Anita Choudhary	PGY3
Emilia Khalil	PGY2	Mohamad Amer Soudan	PGY1	Zaid Kaloti		Catherine Czesnowski	PGY3	Sarvani Surapaneni	PGY1
Brett Trzcinski	PGY2	Joseph Sebastian	PGY1	Susan John		Maninder Kaur/Mohammad Nasser	PGY3/PGY1-2	Ahmed Yassin	PGY3
Samer Alkassis	PGY1	Salina Faidhalla	PGY2	Hassan G Mohamed		Kenisha Evans	PGY3	Tushar Mishra	PGY3
Abdulrahman Mahdi	PGY1	Syed Mohsin	PGY2/PGY3	Omeralfaroug Adam		Chris Chauvin	PGY1	Nada Al Masalmeh/Shoshana Rothstein	PGY3/PGY1
Aamer Javed/George Moussa-done 12/29	PGY2/PGY1	Marcus Sepnafski/Mohammed Uddin	PGY1	Faisal Agha		Sandy Akrawi/Muhanad Deen	PGY3/PGY1	Raad Al Shaikhli/Pierre Palo	PGY1
Michael Serafin/Bani Saad	PGY1/PGY2	Yechiel Mor/Daniel DeNeve	PGY1	Zeinab Elreda		Ameer Harp/Christopher Kelly	PGY1/PGY1	Nasser Abdelhadi/Neel Patel	PGY1

**Omar Chehab** 

Reda Awali

Kendall Bell

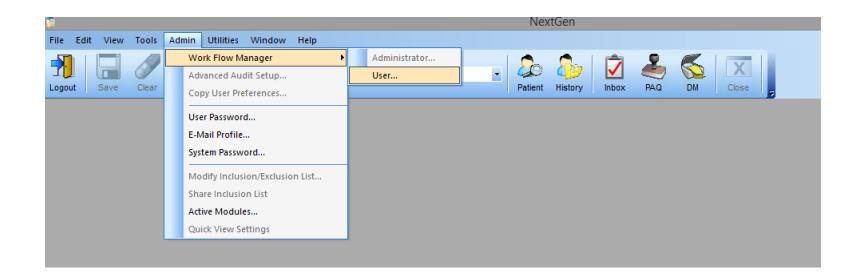
Nehal Altaie

Kalyan Sreeram

Leslie Kao Khalid Benkhadra Graduates. Group is still responsible for tasks

# Continuity of Care and CCRs:

- Monday morning of each clinic week
- Set your office status to "IN THE OFFICE"
- Sunday evening of each clinic week
- Set your office status to "OUT OF THE OFFICE"

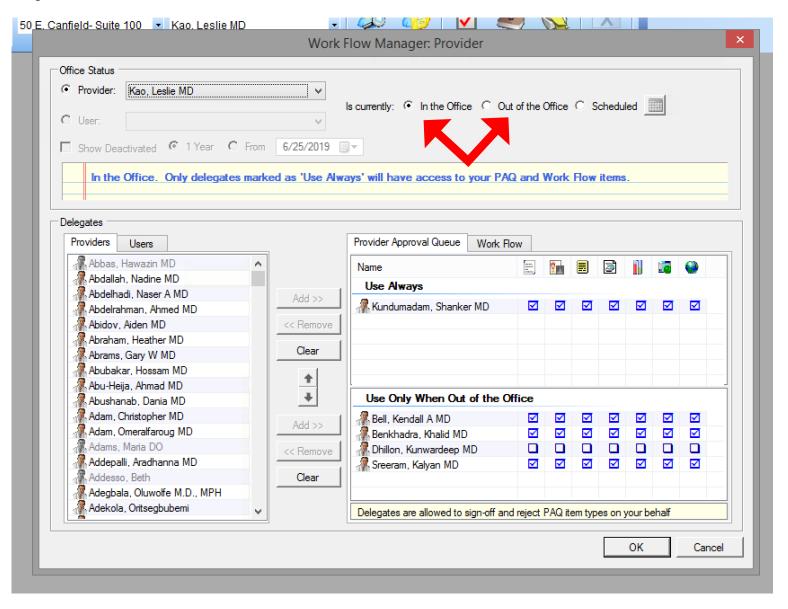


# Continuity of Care and CCRs:

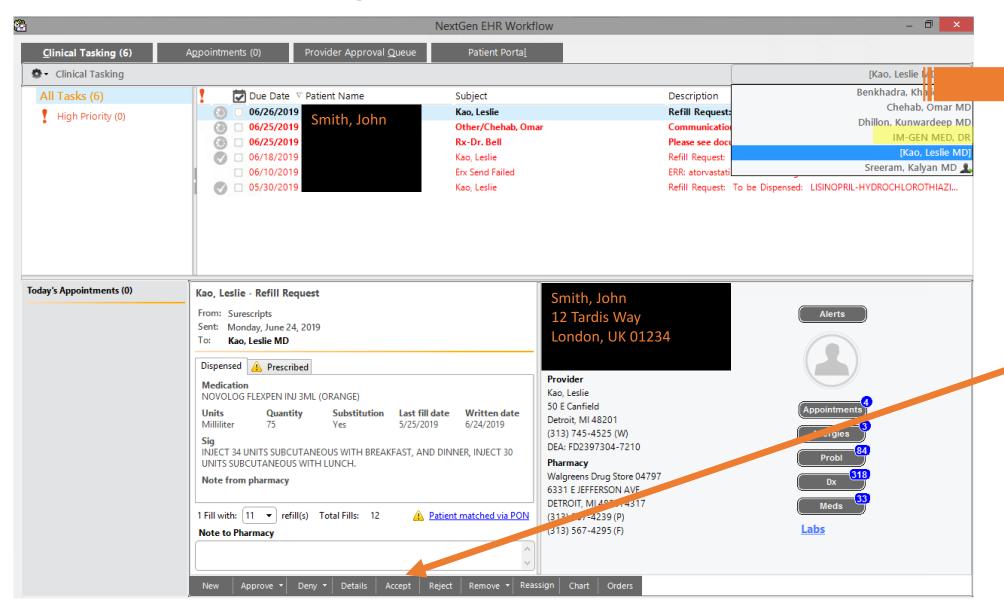
■ Check your Tasks and PAQ inbox daily

- All tasks are sent by the call center
- Resident caring for the patient
- IM-Gen Med,DR inbox
- Never take tasks out of the IM-GEN MED inbox

# Continuity of Care and CCRs



# Clinical Tasking

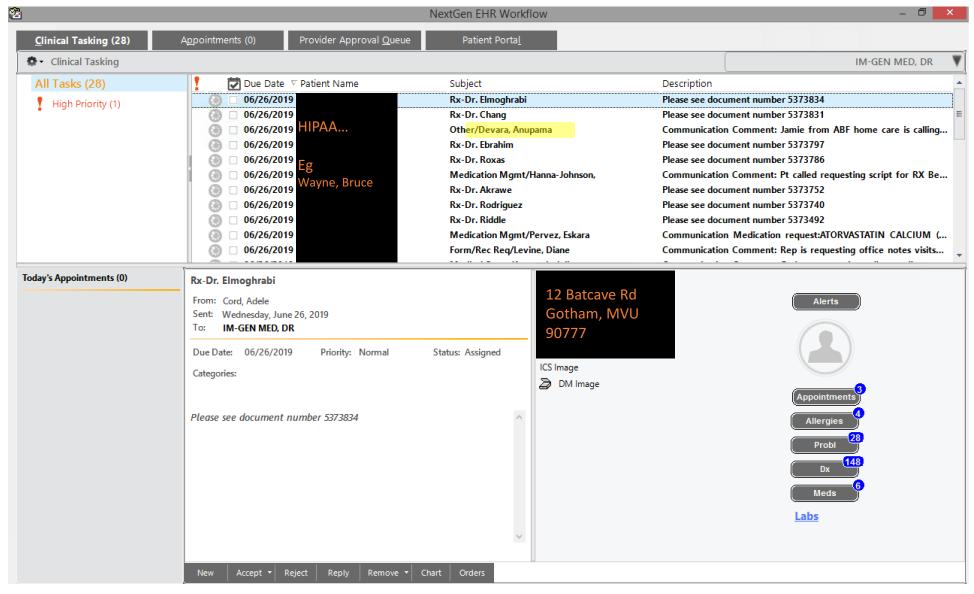


Please check
Clinical
Tasking box
for each of
your
intercohort
buddies

Accept the task

Do as tasks requires if clinically appropriate (eg refilling med, call patient back, etc)

# Clinical Tasking



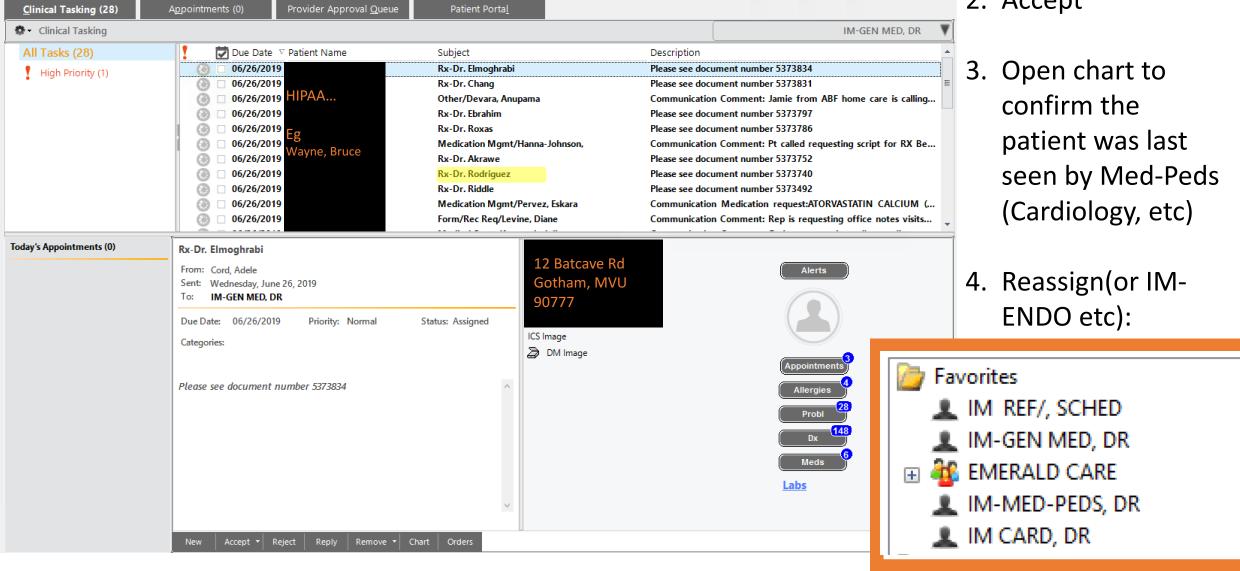
- Tasks for Drs.
   Devara, Hanna Johnson and Rojas
- 2. Accept
- 3. Open the chart to make sure a resident did not see the patient last
- Reassign to the doctor (and take out of IM-Gen Med)

# Clinical Tasking

1. Tasks for Med-Peds residents



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NextGen EHR Workflow

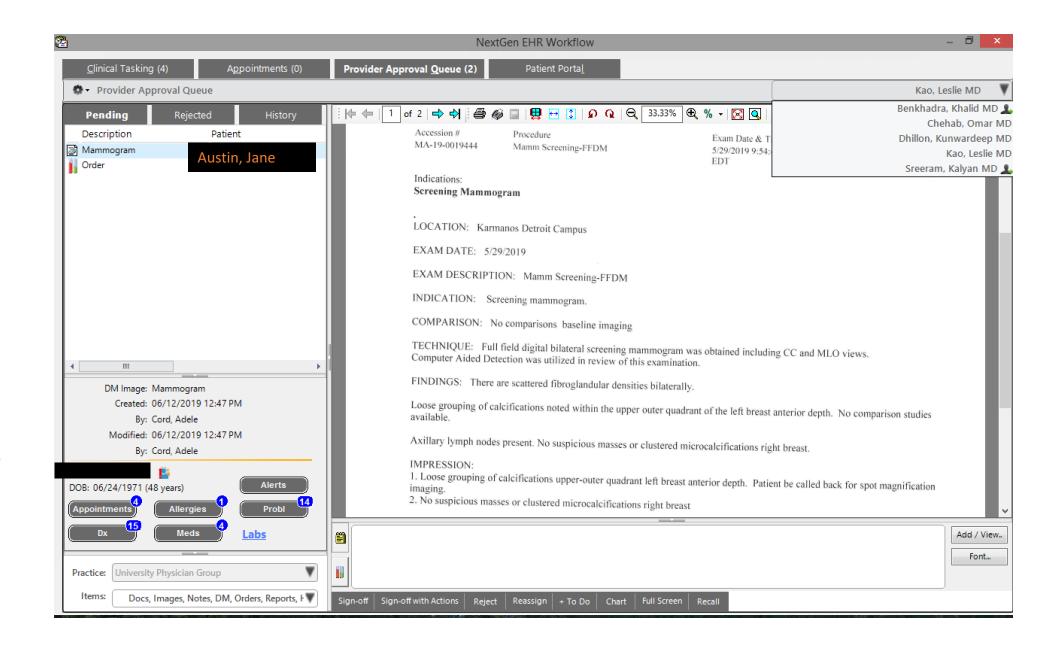
# CCR: Rules and Regulations

- 1-2 times per year, you will be CCR.
  - Three CCRs per week (PGY1, PGY2, PGY3)
  - Main task = Reassign tasks in IM-GEN Med to the appropriate intercohort group/person
  - Deals with any ancillary tasks that come in during the week
  - Keep your cohort HONEST
  - One person must be in GMAP during all half-days
- Intern: responsible for all the paperwork
- PGY2/PGY3: responsible for reassigning and doing IM-GEN Med tasks
  - Must divide up half-days and send schedule to Ambulatory CMR and Bev
  - Responsible for weekend tasks as well
- Sign out uncompleted tasks on Sunday

## **PAQs**

Check your PAQs for abnormal labs or diagnostic results

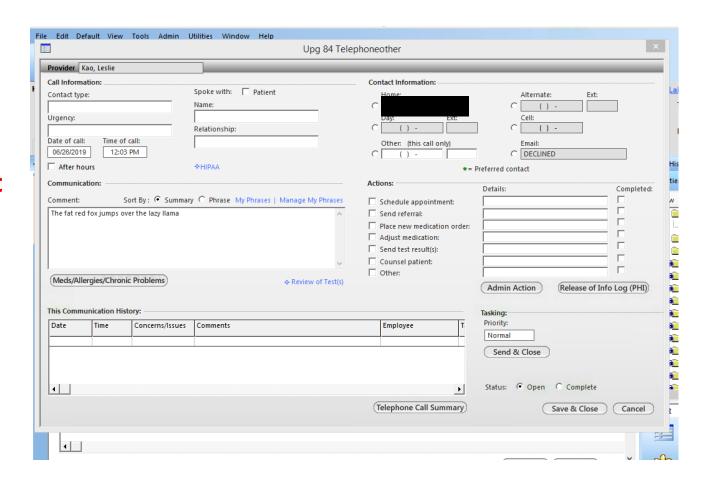
May need to call patient for follow-up or to report results



#### Documentation

 Please document EVERY telephone encounter you addressed or if you call a patient (even if you leave a voicemail or their VM is full or not set up)

Its better to over-document than under-document



# IT Help

Do NOT call me... I'm looking at you surgical subspecialty that shall not be named... I am not IT...

For professional help, you want:

WSUPG IT (ie NextGen, @med.wayne and @wayne accounts) 248-581-5999

**DMC IT** (ie Citrix, Cerner) 313-966-2400

Or this for EMR fatigue...

