

EPOWERdoc EMR Medical Content Building Option

Overview

Hospitals planning to implement the Emergency Department module for an enterprise Health Information System, such as Meditech or CPSI, are typically required to both create the medical content for Physician and Nursing documentation and then utilize their internal staff to actually build the clinical templates in the module.

This process is extremely labor intensive and most hospitals can expect to spend many months in the template development phase with the software shell provided by the HIS vendor. Given the time it takes to construct one clinically sound template within this software, hospitals are typically only able to create a handful of generic templates. In addition, these facilities will then have to continuously maintain the medical content for standard of care, CMS, and JCAHO compliance.

This results in an incomplete documentation platform for the clinician that lacks sound risk management content, the ability to capture adequate documentation for appropriate coding and compliance, and the most current standards of care.

A cost Effective Solution to optimize your reimbursement and risk management

EPOWERdoc, the nation's second largest paper template documentation system, has developed a "Content Building" option. This product is based on the highly-regarded clinical content of our paper template system. EPOWERdoc currently offers approximately 150 Adult and 150 Pediatric presenting complaints for both the Nurse and Physician users of our paper template systems. The templates are also age and gender specific for presenting complaint.

In addition, EPOWERdoc has partnered with The Sullivan Group (TSG), the premier Risk Management Company in Emergency Medicine today, to create the most evidence based risk fortified charting system available today, the **TSG PowerDoc** System. The **TSG PowerDoc** intelligent medical record is designed to prompt the practitioner during high-risk presentations for those risk indicators that have been shown through research to help drive the clinician to a proper diagnosis and treatment through clinical prompting.

The **TSG PowerDoc** chart offers a real time opportunity to evaluate risk concerns and will result in improved clinical practice, unparalleled documentation, and medical error and risk reduction. This new documentation tool comes standard in our content build program.

EPOWERdoc EMR Medical Content Building Option

With the EMR Medical Content Building option, you can utilize our proven template formats and current medical content within your facility's HIS System EMR applications using the following programs:

- **Complete Template System:** EPOWERdoc will provide and build all of our physician and nursing templates into the client EMR system, and provide on-going updates and maintenance of medical content for compliance as well as any requested site specific customizations during the year. Templates will be customized to your specific preferences and facility setup at installation.
- **Primary Presenting Conditions:** EPOWERdoc will provide approximately 50 - 60 chief complaint templates, based on the most common presenting problems at your individual facility in lieu of the full set, and provide the same customization and maintenance during the year.
- **Flexible Plan:** EPOWERdoc will customize a program for your site to meet your needs with any combination of template options, Nurse or Physician only templates, or a combination.

The following are selected screen shots from a sample Content Building product for a client facility with CPSI as the main HIS. The screen shots are for the History of Present Illness, Physical Examination and Review of Systems for a patient presenting with Chest Pain > 40 yo. Please note these are customizable to your facility and by individual template.

The Meditech Medical Content Build interface appearance will take on a similar format but the actual functionality and layout will depend upon the version being utilized and the Client preferences regarding tools used to build the Dictionary (Drop Downs, Check Boxes, etc).

Critical Risk Management prompting elements that have been identified by research studies and evidence based medical content critical for the care and diagnosis of high risk presentations are identified by **Red** icons for the Clinician.

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Sample: HPI

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Patient Information		Medications: Reviewed <input type="checkbox"/>
First Name _____		
Last Name _____		
Age ___ Gender ___		
Date of Birth _____	Allergies: Reviewed <input type="checkbox"/>	
Acct# _____		
MR# _____		

Primary CC: CHEST PAIN, Male =>40 Secondary CC: _____ Time seen: _____

HPI: Nurses Notes Reviewed Comments: _____

Source: Patient Family Friend Guardian Nursing home Paramedic Police Interpreter _____

Mode of arrival: Walk-in Wheelchair Friends Attendant Ambulance Helicopter Police _____

Timing: Onset time: _____ a.m. _____ p.m. Came on: Suddenly Gradually On awakening Unknown
 _____ Min _____ Hours _____ Days _____ Weeks _____ ago Pain: Present now Resolved

Duration: Since onset Intermittent or _____ Seconds Minutes Hours Days

Location: Substernal R L Chest
 ^ Radiation to: Abdomen Back Neck Jaw R L Shoulder Arm Hand None
 ^ Movement of pain over time: Chest to back Upper to lower back Chest to abdomen _____ None

Context:
 Onset: At rest With light exertion With heavy exertion While asleep
 History of: Similar pain in past (diagnosis): _____ None
 MI Angina None of the preceding
 Viagra (or similar) Aspirin Neither in last 24 hours

**** Risk Analysis:** All reviewed and neg
 Cardiac risk factors: Known CAD Smoker Family History Hyperlipidemia
 HTN Diabetes Cocaine _____ N/A None
 PE risk factors: Age >50 Cancer Central catheter Coagulopathy Hemoptysis
 Immobilization Obesity Estrogen use Pregnancy Prior DVT/PE Recent trauma
 Recent general anesthesia Unilateral leg swelling _____ N/A None
 TAD risk factors: Aortic valve disease HTN Marfan's syndrome Turner's syndrome N/A None
 Prehospital care: O2 IV Monitor SL NTG ASA _____ None

Quality: Sharp Stabbing Squeezing Pressure-like Heavy Crushing Burning Aching
 Severity: Mild Moderate Severe or _____ /10
 Modifying factors: Worsens Exertion Coughing Breathing Movement Position Nothing

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EPOWERdoc EMR Medical Content Building Option

Sample: Physical Exam

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Patient Name: _____ Account #: _____ MR #: _____

PE: ^ VS: T _____ P _____ BP _____ RR _____ O2 Sat _____ ^ Reviewed on I/II

Constitutional: Alert Anxious Well-appearing Ill-appearing

Neck: JVD _____ Normal

Eyes: Pale conjunctiva _____ Normal

ENT: Pallor Cyanosis _____ Normal

^ Respiratory: Distress: None Mild Moderate Severe

R L Bil Generalized Superior Inferior Breath sounds: Diminished _____ Normal

R L Bili Generalized Superior Inferior Wheezes Rales Rhonchi _____ Normal

** CV: Tachycardia Bradycardia Irregular S3 S4 ___/VI Systolic Diastolic ^ Murmur _____ Normal

Carotid arteries: Bruits _____ Normal

^ Pulse: R L Bil Radial Femoral Absent Weak Unequal _____ Normal

Edema: 1+ 2+ 3+ 4+ R L Bil Upper extremity Lower extremity _____ Normal

Chest: Palpation: Tender Reproduces the pain _____ Normal

GI: Palpation: Liver: Enlarged Spleen: Enlarged Mass: Pulsatile _____ Normal

Tenderness: Diffuse RUQ RLQ LUQ LLQ Epigastric Periumbilical Suprapubic

Mild Moderate Severe Rebound Guarding Rigidity _____ Normal

Rectal: Blood Fissure Hemorrhoids Impaction Mass _____ Normal

Guaiac: Positive Negative Controls reacted appropriately

Extremities: Clubbing Cyanosis Calf tenderness _____ Normal

Skin: Vesicles Crusting Dermatitic _____ Normal

Neurologic: Oriented to: Time Person Place No response

Motor: R L Bil deficit Sensory: R L Bil deficit No response _____ Normal

Psychiatric: Anxiety Depression Agitation _____ Normal

Other exam/Staff note:

MEDICAL DECISION MAKING

1. Additional information obtained from: Old Records EMS Family Caretaker PCP Other: _____

FINDINGS: _____

2. Differential Diagnostic Considerations

Abrasion/Contusion | Chest wall pain | Herpes zoster | Pleuritis |

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EPOWERdoc EMR Medical Content Building Option

Sample: Medical Decision Making

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Patient name: _____ Account #: _____ MR #: _____

MEDICAL DECISION MAKING (continued)

3. Notes/Course:

Aspirin Beta Blockers Nitroglycerin Morphine Heparin: IV SQ _____ given

^ EKG: Time: _____ N/A Ordered Performed

Reevaluation: 1st _____ : Resolved Worsened Improved Unchanged N/A

2nd _____ : Resolved Worsened Improved Unchanged N/A

Consultation: PCP Cardiology Other _____

Called: _____ a.m. p.m. Call returned: _____ a.m. p.m.

Findings: See consult or Summary: _____

Patient Family Education Counseling

Regarding: Diagnosis Treatment Prognosis Need for follow-up _____

Additional course:

PROCEDURES (unless otherwise indicated, all procedures were done or directly supervised by ED attending)

Risks, benefits, and alternatives (for applicable procedures below) described. Informed consent obtained: YES N/O

Intubation by: OT NT approach. Placement confirmed by: Exam EDD ETCO2 CXR

Cardioversion performed under my order and direction.

Resultant rhythm: NSR SVT ST SB A-fib A-flutter _____

IV Thrombolysis initiated under my order and direction.

Critical Care time _____ minutes (Time spent performing separately billable procedures is excluded) See additional procedure notes.

REVIEW of RESULTS

<p>Report of:</p> <p>CBC <input type="checkbox"/> Chem <input type="checkbox"/> ABG <input type="checkbox"/> UA <input type="checkbox"/></p> <p>reviewed and normal except:</p> <p>WBC _____ NA _____ FIO2 _____</p> <p>HGB _____ K _____ pH _____</p> <p>HCT _____ CL _____ pCO2 _____</p> <p>PLT _____ CO2 _____ pO2 _____</p>	<p>OTHER PT _____ CPK _____</p> <p>PTT _____ CKMB _____</p> <p>INR _____ TPN I _____</p> <p>Pulse oximetry interpretation:</p> <p>Normal <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> desaturation</p> <p>XR Interpreted by: Radiologist <input type="checkbox"/> Self <input type="checkbox"/> Both <input type="checkbox"/></p> <p>^ CXR: Normal mediastinum Abnormal N/A </p>
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