ORCHID

Online Real-Time Centralized Health Information Database

LOS ANGELES COUNTY

ORCHID
SURVIVAL GUIDE
OVMC FirstNet Providers

1.2
2/11/16

ORCHID Survival Guide
OVMC ED Providers

This guide is intended not only to help you survive your first few shifts at Olive View but also to serve as a reference manual for both FirstNet and our new ORCHID workflows (the new way things are done in the ORCHID era). This does not replace all required ORCHID training or the DHS-wide ORCHID FirstNet Quick Reference, but instead should only be used as a supplemental reference manual for refer to Olive View specific workflows.

This guide is available as a printed version in a binder in each of the two ED provider rooms, and a third printed copy is available with the Nurse Supervisor. An electronic version of this document is also part of the online ORCHID ED Training Center and is available for download and www.emcrc.com.

As we settle into the new ORCHID era and make improvements to ORCHID and our workflows, this manual will also be updated. Feel free to forward any corrections, comments, updates, or suggestions for additional content to us and we will update this guide on a regular basis.

Thank you all for your help and understanding during the ORCHID transition.

Luis M. Lovato, MD
Maureen McCollough, MD
2/11/16

ORCHID Survival Guide - OVMC FirstNet Providers

Basics

Logging In

- Click on the *ORCHID* Icon then Select the *FirstNet* application. Logon credentials are the same as your Internet Password
- if you need to reset your password go to the Olive View-UCLA Home Page, under the Links Section (toward the bottom), and choose one of the Password and Account Management links
- if you still can't logon, call the Enterprise Help Desk at x4522

Checking In

- at the start of a new shift, ORCHID should immediately prompt you to check-in as an available provider. In the Provider CheckIn window, select your *Display Name*, *Provider Role* and a *Default Relation*. Also select the checkboxes for *Available Provider* and *Available Reviewer*.
- if you were already checked-in to see patients on that shift, you will not be prompted to check in again.
- if you need to Check In manually, click on the little icon of the provider with the Check Box.
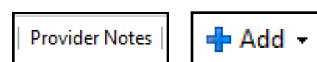
Patient Sign Up

- click once on the patient row then click on the *Assign Provider* icon. Your Display Name will appear in the appropriate column.

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Documentation

Documentation - Selecting a Note Template

Provider Notes   + Add ▾

- click *Provider Notes* from the tracking list then *+ Add* in the Provider Notes band

- the Note Type should default to *ED Note-Provider* so that notes are filed in the correct folder and can be viewed by UR and the ED Attending once they are saved. If the *ED Note-Provider* option is not available, *right-click* on the arrow to select from All Note Types.

  Type : ED Note-Provider ▾

- using the *Reason For Visit* tab select a Note Template to use either by free text search or by using the structured menu (*PNED RFV*) then hit select *OK.* Use the checkboxes to select which elements (if any) you would like to import into your note

  PNED RFV
  - Administrative
  - Cardiovascular - Respiratory
  - EENT and Dental
  - Environment
  - Gastrointestinal
  - General medical
  - Genitourinary
  - Infection
  - Neurologic
  - Non-traumatic musculoskeletal problem
  - Obstetrics / Gynecology
  - Psychiatric
  - Reevaluation
  - Skin
  - Toxicology

- colored notepads on the Tracking Board track the progress of your Provider Note (not started, in progress, or signed) during the patient encounter

Documentation Workflow

- Once saved, notes written using the default *ED Note-Provider* template, can be viewed by both Utilization Management and the ED Attending. Consultants cannot view provider ED documentation until the note is signed.
- Once you have completed your provider note, click on *Sign/Submit* and a new window will pop up. Select *Request Endorsement,* then click inside the yellow area under *Endorser.* Select the binoculars icon to search for the attending you would like to co-sign your chart. Click *OK*. Under "Type" make sure that "*sign*" is selected (not reviewed). Then click *sign* to close the window.
- **Attendings**: In the "Message Center" you can view notes forwarded to you for signature. Choose the *Correct* icon to change a note and write an addendum. If you want to write a separate note before the intern/resident has completed their note, use the *Note* function (rather than Provider Notes).
- For patients signed out at rounds, the oncoming resident should write a brief note using the Notes function (not Provider Notes).

Documenting a Re-Evaluation

- below the Medical Decision Making section of the PowerNote note there is a section to document follow up exams. Choose *Re-exam/Re-eval* and enter a time before entering details of the follow up exam
- right-clicking over the *Re-exam/Re-eval* header and selecting repeat allows you to document repeated re-evalautions

Level of Service Calculation Tool

- The Provider Note writer now has a **"level of service"** calculation tool. Start your ED Provider Note and click the blue arrow in the bottom left. Based on your chosen reason for visit template, ORCHID

TVL: 2   RFV: Acne

	HPI	RO	PFS	Exa
Current Level	0	1	3	0
Typical	1	1	0	2
Documented	0	0	0	0
Remaining	1	1	0	2

2

assigns a "typical visit level". As you add discrete elements to your HPI, ROS, histories and physical exam, the table shows how close you are to reaching the number of each for the typical level. This information is purely FYI.

- To access the level of service calculator, you must get to the note via the ***Provider Notes*** tab in the chart. If the note is opened from within Message Center, it will not work. Attendings can use this when they correct notes after the resident has signed them, but must open the note from ***Provider Notes,*** not the message center.

AdHoc Forms and Procedure Documentation

- AdHoc Forms are used for specific template driven documentation in the ED. This includes **documentation of all ED Procedures**. AdHoc forms can be found using the ***AdHoc*** link on the ORCHID Menubar, then finding the ED Forms Folder. Template AdHoc forms include documentation for ED Procedures, ED Bedside Ultrasounds, Central Line (CLIP) documentation, and the NIH Stroke Scale.

- Once completed, these AdHoc forms are signed using the Check Mark on the Upper Left corner of the screen.

Documentation/Supervision Workflow

Documentation/Supervision Workflow

Provider (RES/NP)	Staff Attending	2nd RES/NP	2nd Attending

Sign up in FirstNet

Initiate documentation early saving note without signature

Attending: sign up in FirstNet during case presentation

Cosigns forwarded notes from Message Center with addendum as necessary

Present case to Staff Attending

During presentation Attending reviews provider documentation

During ED course, Provider documents progress, completes & signs note

Staff Attending receives note in Message Center reviews & co-signs note with addendum if necessary

as necessary

Receiving Provider documents new note with acute problems & plan

Provider forwards signed note to Staff Attending

Pt. Dispo before resident signout?

N

Forward signed note to appropriate attending

Y

Sufficient Resident Supervision documented?

N

Resident Charting Complete

Y

Attending Charting Complete

Resident Charting Complete

Attending Charting Complete

v1.0 - 10/26/15

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Admissions

Medicine Admissions

1) Interqual Request

- DHS uses Interqual Criteria for Utilization Review (UR). All admissions must be reviewed by UR. The Interqual decision is facilitated by having an Admission Diagnosis and a comprehensive note in the chart for UR to review. UR can view ED resident notes as long as they have been saved.

- the **Interqual Request** is found under the *Events* tab and the *Request Events* sub-tab.
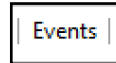
- the **Interqual** review process is tracked with ICONs under the ADT column.
    - REQ - Requested
    - IP - In Progress
   - MET - Criteria Met the

2) Contact the admitting team via Amion to give report
- contact the admitting Hospitalist or Resident. Use auto-paging (see below) to help track the time the admitting service is first paged. **Confirm with the Hospitalist the name of the receiving Attending, Resident, Service, and Level of Care)**

3) Enter the *Request for Admit* order. Enter the admitting resident name in the ***Special Instructions*** field. Medicine teams will drop Admission orders in the chart within 2 hours from the time the ***Request for Admit*** order is placed.
    - *Note*: Admission orders should NOT be placed on any patient until Bed Control updates their location status to ***ED Boarders***. ***ED Boarders*** are easily identified in the location field on the Banner Bar and by a slash in the Bed column on the FirstNet track. If inpatient orders are dropped on a patient before they are changed to an ED Boarder they will have to be re-entered by the Admitting team.
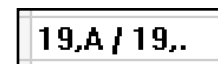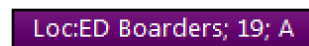
- the Hospital Icon indicates that the inpatient team has placed Admitting Orders in ORCHID. The Medicine team assumes all responsibility for patient care once Admission orders are placed. Routing questions from Nursing regarding further medical care should be directed to the inpatient provider.

Changes in Service/Level of Care after Initial Admission

- If you need to upgrade/downgrade an ED Boarder after the initial *Request for Admit* has been submitted, **you need to order *Request for Admit* again** (not Transfer)**.** This is the only way bed control will get the message that a change has been requested. Nursing will see 2 red circles on the Tracking List and will know that a change has occurred. DEM providers will do this if they are still following the patient, however once Admission Orders are written (Hospital Icon), the Admitting Service will re-order the *Request for Admit* if any upgrade/downgrade must occur.

- If the post-admission upgrade/downgrade results in the patient going to a different team, the Inpatient team must notify and give report to the new team since these patients are no longer being followed by the ED.

Surgery Admissions
- the process is similar to the Medicine admission process with the following exceptions:
  - the *Request for Admit* order is held until the admitting team evaluates the patient in the ED
  - the ED resident places the the *Request for Admit* order once the admitting information is confirmed with the surgery team
  - *Note*: the surgery team should NOT place Admission orders until the *Request for Admit* is placed and the patient's location has been updated to an *ED Boarder* (see note above)

ED Holding Orders
- if the inpatient team has already accepted a patient, but there is an unavoidable delay (> 2 hrs.) in placing admission orders, the ED Team can initiate the *ED Holding Orders* Order Set for the inpatient setting to either facilitate boarding care in the ED or to facilitate transportation to an available bed upstairs. Make certain the inpatient team is contacted so they are aware ED Holding Orders have been initiated and that the patient may go upstairs.

- as with all admissions, do not place ED Holding Orders unless the patient has already entered ED Boarding status (see Med Admissions above).
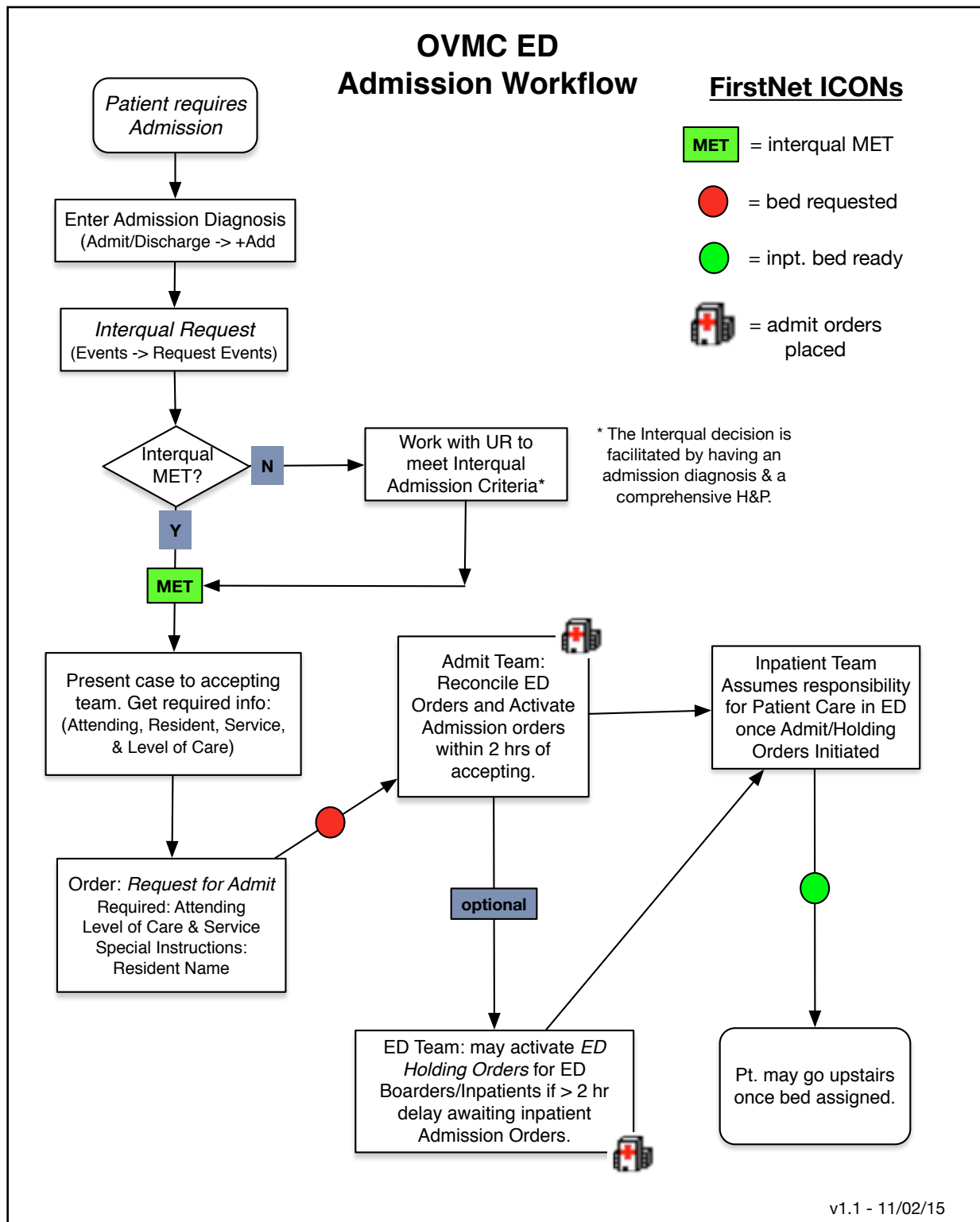
Observation Patients
- the observation unit is used for patients who require additional care after the ED but less than 24 hours of hospital care. The decision to place a patient in the OBS unit should be made in conjunction with the ED Attending.

- observation patients do not require Interqual

- once the patient has been accepted by the Hospitalist for OBS status, order *Place in Observation* from the ED Quick Order page

- patients should never be placed in OBS status after a *Request for Admit* has been ordered

Inpatient Admissions Transferred from Urgent Care
- in all cases, the UC provider will contact the admitting team and give report

- the UC will admit patients directly if an inpatient bed will be available within 30 minutes

- if no bed will be available within 30 mins, the UC provider should give direct report to the ED attending accepting the patient and assign ED providers to that patient. The receiving ED provider will place the *Request to Admit* order once the patient is moved to an ED bed. During signout, the ED provider should be certain to obtain all the required admission information from the UC provider including the Attending, Resident, Service and Level of Care.

- the ED provider should write a brief accept note and present the case to the ED attending

OVMC ED Admission Workflow

OVMC ED Admission Workflow

FirstNet ICONs

MET = interqual MET

🔴 = bed requested

🟢 = inpt. bed ready

🏥 = admit orders placed

Patient requires Admission

Enter Admission Diagnosis (Admit/Discharge -> +Add)

Interqual Request (Events -> Request Events)

Interqual MET? → N → Work with UR to meet Interqual Admission Criteria*

Y

MET

* The Interqual decision is facilitated by having an admission diagnosis & a comprehensive H&P.

Present case to accepting team. Get required info: (Attending, Resident, Service, & Level of Care)

Order: *Request for Admit* Required: Attending Level of Care & Service Special Instructions: Resident Name

🔴

Admit Team: Reconcile ED Orders and Activate Admission orders within 2 hrs of accepting.

optional

Inpatient Team Assumes responsibility for Patient Care in ED once Admit/Holding Orders Initiated

🟢

ED Team: may activate *ED Holding Orders* for ED Boarders/Inpatients if > 2 hr delay awaiting inpatient Admission Orders.

Pt. may go upstairs once bed assigned.

v1.1 - 11/02/15

Consultation & Auto Paging

Consults - No Auto Paging OVMC

- Consults can easily be placed from the *Other* Pane on the lower right side of the Adult ED Quick Orders page.

- once the Consult order is signed, a marker is placed on the Events tab. Hovering over this marker will show the duration since the consult was first placed. When the consult is complete, this can be documented by *right-clicking* over the active order and completing the consult. Once complete it will be removed from the Tracking List.
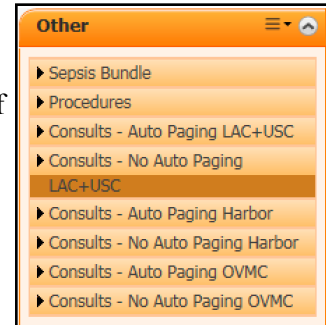
Consults - Auto Paging OVMC

- a selected number of consults also page the provider automatically when the consult is placed. In these Orders, the *Call Back Phone Number* is the only required field. The provider receiving the page will <u>NOT</u> see any instructions included in the *Special Instructions* on their pager but these instructions can still be reviewed on the *Review Orders* pane.

- clear pages from the list using the red X Icon under "Task"

- *Note:* DO NOT click on the close window button to close the ED Paging error will result. Instead use the Minimize window Icon.

Transfers from Urgent Care

- transfers from Urgent Care should be presented directly to the ED Attending

- at the time of transfer, if it is decided the patient should be admitted, refer to the *Inpatient Admissions Transferred from Urgent Care* section of this document on page 10

- at the time of transfer, if the patient is unlikely to be admitted, the ED attending should not only take report but **remove the initials of all UC providers** from the tracking board so that ED residents and attendings know the patient has not yet been evaluated by an ED provider. Alternately, the ED attending may sign himself and an accepting ED resident at the time of transfer.

ECGs

Triage ECGs

- nurse will bring paper Triage ECG to the Attending for review
- attending will verbally tell the nurse their Triage EKG read: (STEMI, BRING BACK, or TRIAGE)
- paper EKG stays with Attending as a reminder to document in their read in FirstNet

ECG Viewing/Documentation

- on the FirstNet track, under the ECG column, double click on the completed EKG ICON

- in the ECG Review Pane, free text either the Triage ECG read (i.e. STEMI, BRING BACK, or TRIAGE), or a more comprehensive read (follow up ECGs)

- Save the ED read by selecting "ED Review & Close" into the window then hit **ED Review and Close**.

- the EKG Icon will now have a checkbox on it

- once EKGs are scanned in Cerner and have a ED preliminary read, they can be shredded

Viewing Prior ECGs

- all ECGs from the current FirstNet encounter are accessible directly from the ECG column

- ECGs from previous ORCHID encounters are available in the *Flowsheet* tab under the the *Cardiology View* and *Cardiovascular CV* Filters

- ECG archives prior to ORCHID are accessible in Tracemaster using the patient's legacy Affinity MRN. It can be accessed either through Wellsoft or Clinical Workstation.

Order Entry

Quick Orders

- from the Tracking Board choose a patient then select *Place Orders* to go to the Quick Orders page

- Orders can be added to the green 'Shopping Cart' by selecting them off your menu of choice or via the search line in the *New Order Entry* widget

- once order selection is completed, click on the green shopping cart to *sign*, *save*, *modify*, or *cancel* all of the selected orders. If additional required details are required you will be prompted to enter them

- orders can also be entered using the Modular Order Entry Window which is accessed by hitting *+Add* from the Review Orders menu pane
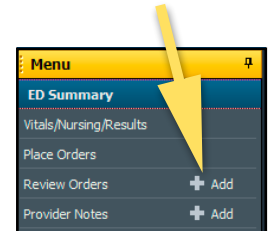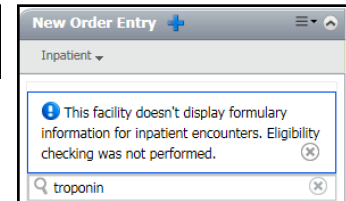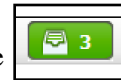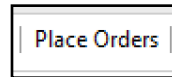
Required Order Fields

- many orders in ORCHID cannot be signed without filling out required fields. During order selection on the order pane, required fields are indicated by a blue circle icon with an "X". Within order details, required fields are indicated with a yellow background, bold-face lettering, or an asterisk
- use the Missed Required Details button to rapidly cycle through a long list of orders with required details
- alternately, multiple orders can be selected together (*SHIFT-select*) or (*CTRL-select*) and common fields shared among them can be addressed more easily
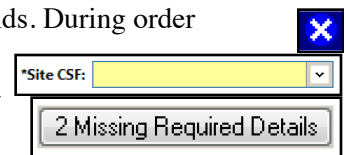
Copying Orders

- if you would like to repeat an order, right-click on an active order and Select copy. It will be available for you to sign again.

Discontinuing Orders

- to discontinue any order, *right-click* on the active order and select *Cancel/Discontinue*.
- *Note*: Don't forget to sign after you discontinue an order!

Lab Orders - Collection Priorities/Nurse Collect

- **Add** – to add another test to a sample that is already in the lab. Prior to ordering a test with the **ADD** priority, you must first confirm the lab can run this test with the existing sample.

- **Stat** – all ED labs

- **Timed Stat** – used when the same STAT test is ordered at a **Frequency** (i.e. Troponin q6h). Enter a duration (i.e. 3 times) so that the order will not continue indefinitely. If a **Frequency** is added to a **Stat** priority ORCHID will automatically change the **Collection Priority** to **Timed Stat**

- **Nurse Collect "No":** most ED labs should be ordered as **Nurse Collect**
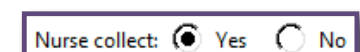
"**No**." The lab order is tasked directly to the phlebotomist. Nurses can intercept the order and draw it themselves if desired.

- **Nurse Collect "Yes":** the lab order is specifically tasked to the bedside nurse. If the phlebotomist is available, the nurse can call phlebotomy to perform the draw.

- *Note: lab orders should never need to be re-ordered simply due to the incorrect selection of the Nurse Collect field.*

Order Sets

- Order Sets are individual orders grouped together to simplify order entry for common indications or procedures. Commonly used Order Sets for the ED can be found on the *Quick Orders* page, under the *Order Sets* widget. One may also search for Order Sets using the prefix "ED" on the Order search line.
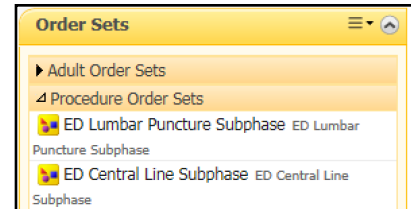

- all Order Sets are designated by a yellow Icon with multiple geometric shapes. They are designed with some individual orders being pre-selected, however each included order can be selected, modified (*right-click*) or un-selected prior to order signature


Adding Orders from an Order Set already Initiated

- *S*earching/launching an Order Set repeatedly is usually not necessary. If you need to go back into an active Order Set and add or modify something, you can do so without having to reorder the entire Order Set. Go to the *Review Orders* menu, highlight the Order Set under the *Plans* section of the *Order View* pane, then click the light bulb icon called "**View Excluded Components.**" Orders already active will show up indented and checked, and all unordered components will have empty boxes. Select the orders you would like to add or discontinue then *sign*.
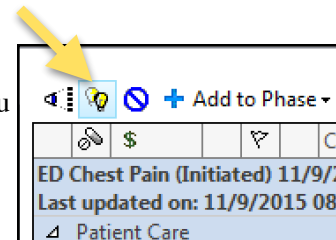

Discontinuing Order Sets

- to discontinue an Order Set, find the active Order Set in the *Order View* pane and then *right-click* to select *Discontinue*.
- you will be given the option of choosing which orders to Keep active even though the rest of the Order Set is being discontinued.

- *Note*: Don't forget to *sign* after you discontinue an Order Set!
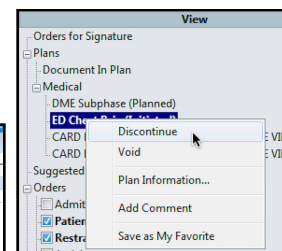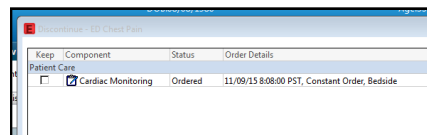
Order Favorites

- *right-click* on any order before signature and select *Add to Favorites*
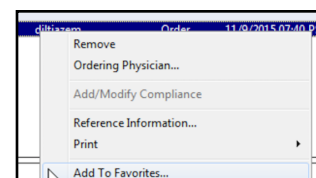
Results

Viewing Lab Results

- Hover over the lab column to rapidly view what lab tests have been ordered. The **Lab Indicator** column on the track shows how many labs have been ordered and how many labs are resulted. *Double-click* on the **Lab Indicator** to see a detailed view (Quick View) of lab results. To see full lab results in details *click* on the **Vitals/Nursing/Results** pane

Viewing Imaging Results

- Hover over the lab column to rapidly view what lab tests have been ordered. The **Rad Indicator** column on the track shows how many imaging tests have been ordered, how many have images available, and how many images have a preliminary read in ORCHID.

- *Double-click* on the **Rad Indicator** to open the Quick Flowsheet Radiology tab.

- Click on the result box to open up the Document Viewer to view the read if available.

- **Viewing Images:** within the Document Viewer, click on the image icon to open a link to Synapse and view the image from within ORCHID. You may have to enter your login credentials to open Synapse. *Tip:* when you first choose a computer at the beginning of your shift, login to Windows using the same credentials you do for Cerner. As long as you are personally logged in to your computer, your credentials should pass through to Synapse whenever you try to view an image.

Radiology Wet Reads

- from the Tracking List, *right-click* on the **Rad** column of any completed imaging order and the Order Info window will open. Click the blue **+Add** button to display the Wet Read window.
- select **Positive** or **Negative** and free text your wet read then enter **OK**
- a red exclamation icon indicates a wet read has already been entered. Click the exclamation mark to view or add another wet read
- wet reads may also be entered from the Radiology Results section of a Power Note by using the **Launch Wet Read** button.

Medical Students

Documentation

- Refer to the Documentation section for detailed documentation instructions.

- initiate and save a note (without signing) early during a patient encounter after taking a history and performing your exam. Next, present to the Attending physician.

- update your note with any follow up including medical decision making, lab/imaging results, and/or patient updates.

- once your note is finalized, hit sign. A window will pop to "request endorsement" of your supervising attending to endorse your note. This request will show up in their Message Center.

- *Attendings:* medical student notes forwarded to you will show up in your Message Center in a preliminary status. Once reviewed, a brief note documenting supervision should be added, then the note should be signed.

- if you leave before a shift before your patient, sign your patients out to either an NP or a resident.

Order Entry

- after discussing with the Attending, enter proposed orders into ORCHID. Medical students cannot use Quick Orders. Instead access the Modular Order Entry Window by going to the Menu pane and select *+Add* from the *Review Orders* band.

- Enter the name of the Attending you will be proposing orders to for co-signature.

- search for orders individually and enter all required details

- These orders will be forwarded to the attending once you sign them but they won't become active until co-signed by the Attending. To speed up turn around time, remind the attending verbally that orders are in their Message Center and ready for co-signature.

Discharge & Follow Up

Discharge Process

- select patient from the Tracking List then hit the Admit/Discharge button

Admit/Discharge
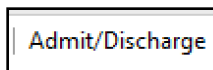
- open each pane by clicking on the pencil

- fill out the required and optional fields as needed. The Check Marks will help keep track of your progress.

- Diagnosis, Prescriptions, Med Reconciliation

- Patient Education - education handouts and Work Excuse notes

- Follow Up Date - to communicate follow up with your patient. *Note: This does NOT result in actually scheduling appointments!*

- ED Post Visit Plan - TFU/CCC referrals (see below)

- ED NERF - new NERF referrals (see below)

- *Note*: **DO NOT SELECT THE DISCHARGE PANE!** This is how the nurse removes the patient from the Tracking List.
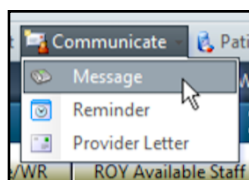
Follow Up

- once fully registered, patients who cannot follow up at Olive View should have an Outside Of Plan Icon in their Events column. These patients should be referred elsewhere.

OOP

Message Pools

- only for Urgent Appointment requests to *selected* clinics, that need to be seen within 2 wks. Many of these clinics previously used the "wallbox" referral system.
- select a patient on the Tracking List then select *Communicate - > Message*. Patient Name should Autofill.
- *TO: Binoculars* Icon, *Pool* filter, search for the correct Message Pool (see list), *Add* to *Send to* list, hit *OK*.
- *Subject:* choose OVM ED/Urgent Care Appt Request from the menu
- fill out template, check *Patient Needs Appointment* box, and *Send*

Clinic	Message Pool
Coumadin	OVM Coumadin ED/UC Followup
Hand	OVM Hand Surgery ED/UC Followup
Gyn Aftercare	OVM Gyn Aftercare ED/UC Followup
Ophthalmology	OVM Ophthalmology ED/UC Followup
Orthopedics	OVM Orthopedics (ENT) ED/UC Followup
ENT	OVM Otolaryngology (ENT) ED/UC
Peds	OVM Coumadin ED/UC Followup
Plastics	OVM Plastic Surgery ED/UC Followup
Podiatry	OVM Podiatry ED/UC Followup
USC Peds	USC Peds Ortho ED/UC Followup

TFU/CCC Clinics

- part of the **Depart Process**. Open the *ED Post Visit Plan* band and Route to either the Telephone Follow Up Clinic (*ED-TFU-OVM*) or the Continuity Clinic (*ED-CCC-OVM*). Specify need for referral. Contact *Phone*

ED Post Visit Plan

Number for the patient is required.
- Click on the *Check Mark* at the Upper left to close this window.

eConsult
- the eConsult referral system should be used for non-urgent outpatient referrals that can wait more than 2 weeks to be processed. eConsults should be entered by the Attending Physician using the eConsult link on the ORCHID menu bar.

ED NERF
- patients new to the county that qualify for outpatient primary care (no OOP Icon) can be referred to primary care using the ED NERF tab. Choose as many diagnoses that apply then click on the *Check Mark* at the Upper Left of the referral window.

Ordering Outpatient Studies (Future Orders)
- once a patient is sent home from the ED, all pending orders are automatically cancelled unless they are entered as Future Orders. Any labs, tests, or referrals to be completed after ED discharge should be entered as *Orders for Future Visit*. This includes all outpatient imaging and cardiology tests.

- **Physical Therapy:** outpatient PT should be ordered using *Physical Therapy Evaluation and Treatment Outpatient* as a future order.

- **Outpatient FNA:** outpatient FNAs should be processed as an eConsult by the Attending Physician. The eConsult destination specialty is *Pathology - Fine Needle Aspiration*. Patients can then show up directly to the lab during regular business hours.