WORKPACKAGE
CST Transformational Learning
N95

Health Information Management: Clerk III

Last update 2018/03/12 (N95)

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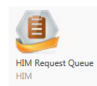
ACTIVITY 1 – Patient Information Request (PIR) Request Queue

Learning Objectives

At the end of this activity, you will be able to:

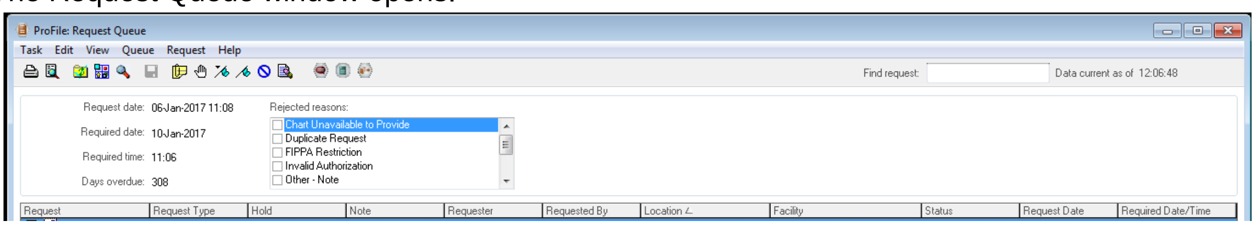
- Retrieve a PIR Request List by Location/Facility
- Create/Print a PIR Request Pull List using Discern Reporting Portal
- Change the Status of a Request

Activity 1.1 – Retrieve a PIR Request List by Location/Facility

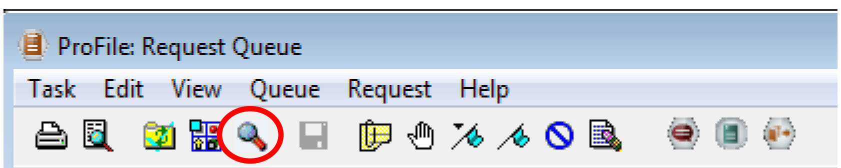
1. Within the Citrix StoreFront, select the **Request Queue** icon 

.

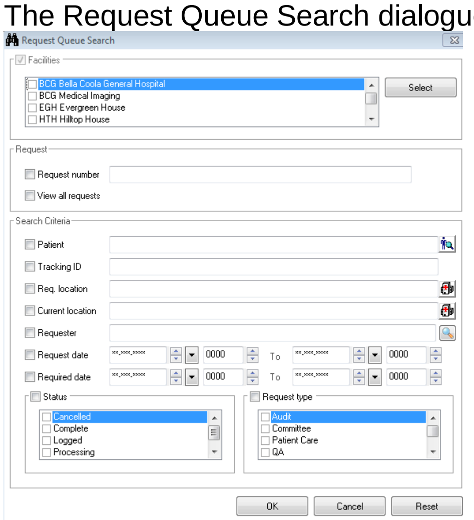
2. The Request Queue window opens.



3. Search for the request(s) by clicking on the **Search** icon  .

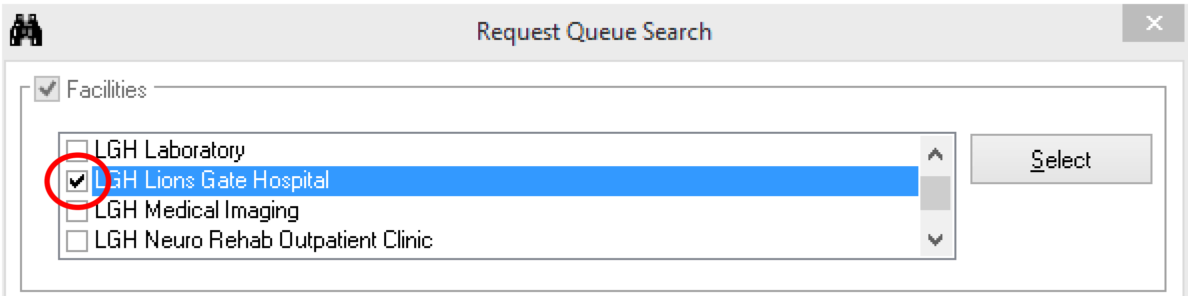


4. The Request Queue Search dialogue box will open.



5. Under Facilities, select the main Facility (i.e. LGH or SGH).

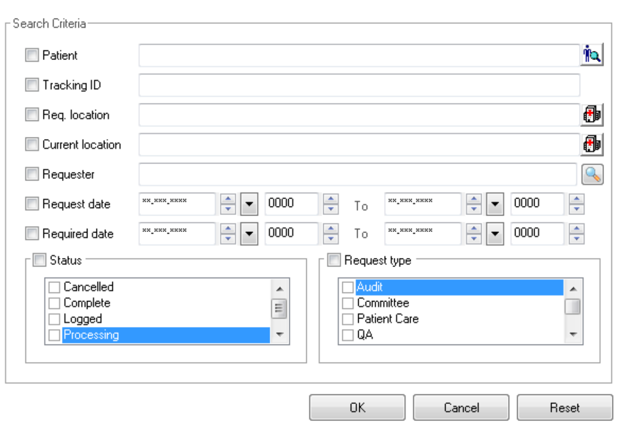
By clicking on the **Select** button, all areas within **Facilities** will be checked. You will rarely want to do that, as all facilities across the three HO's (VPP) will eventually be listed.



6 Under Request, you can select by **Request number** (if you know it) or **View all requests** by clinic/area or facility.

7 Under **Search Criteria**, you can select by:

- Patient
- Tracking ID
- Requesting location
- Current location
- Requester
- Request date/time range
- Required date/time range
- Status
- Request type

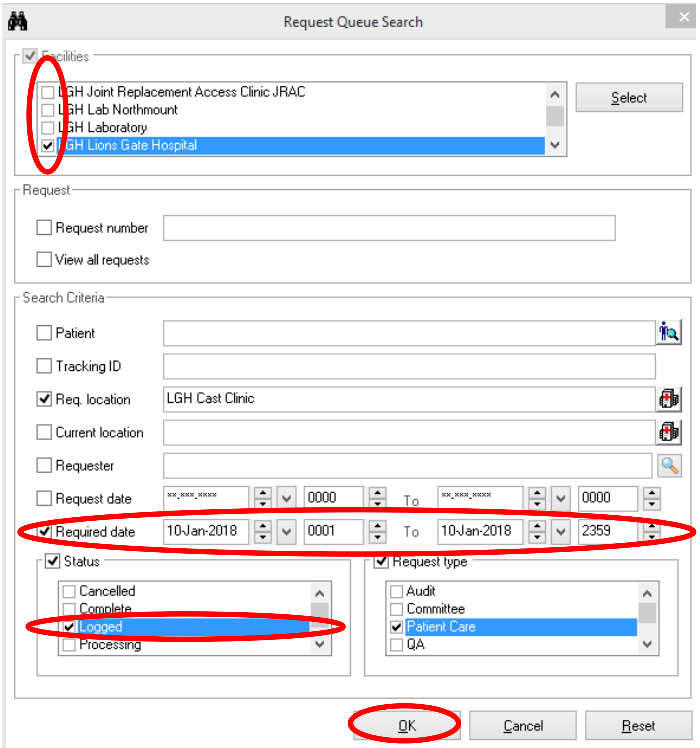


Typically, if you are creating a list of charts to pull, you may want to filter by the specific location(s) under **Facilities** and the **Request date** along with the **Status** of **Logged** and **Request type** of

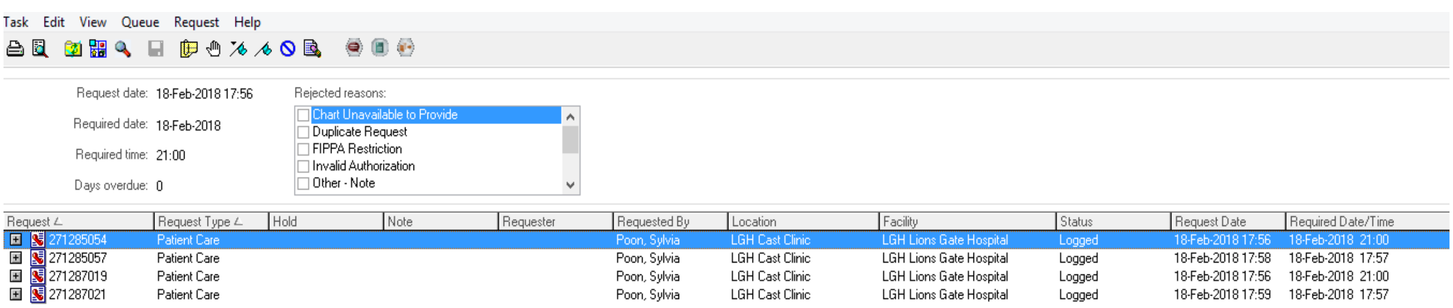
Patient Care. Once you have completed the fields for your Request Queue Search, click **OK**.

For today's example, we'll run a list of charts required for March 5th, 2018 that were logged. Remember to enter the time as well from 0001H - 2359H.

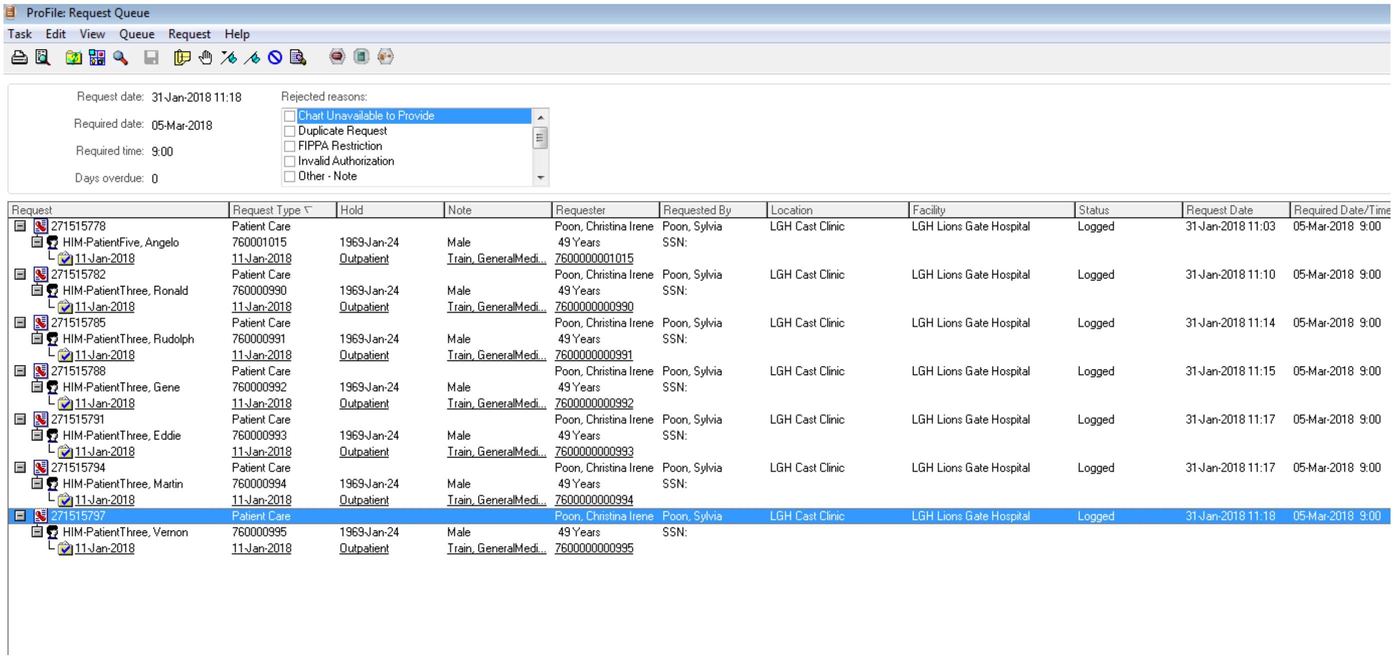
Your screen should look like this:



8 You will get a listing of all the charts requested and your screen should look similar to this.



9 To see more patient details, you will need to expand all of the "+" to the left of the Request ID's. Your Screen should look similar to this.

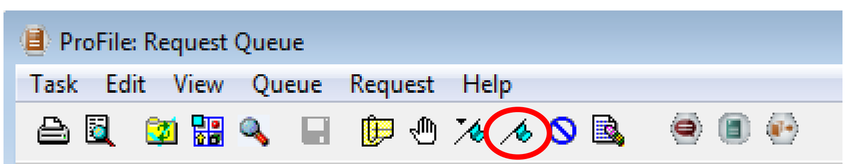


You can sort in ascending/descending order by clicking on any of the headings.

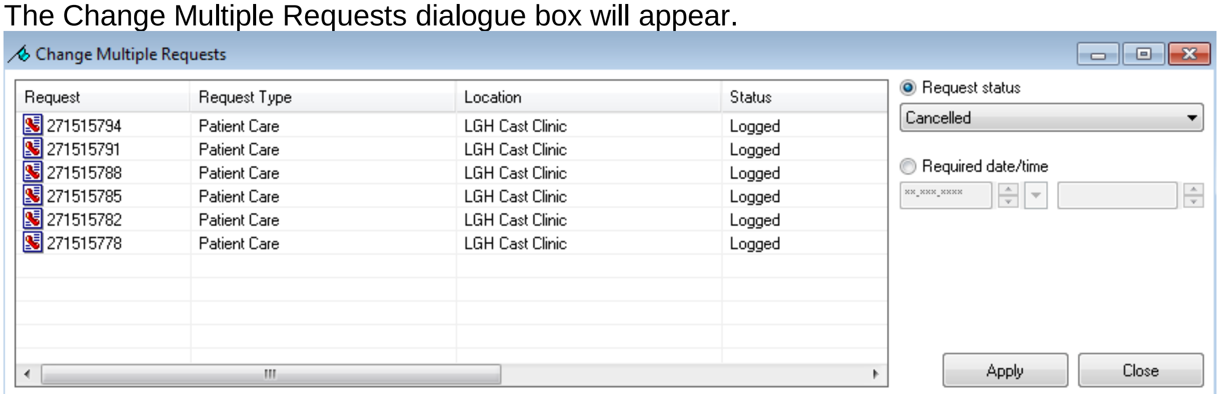
10 It is recommended that you keep the Request Queue open if you can, as all the search settings and results remain unchanged. Once you close the application, the results may var as more requests can be added.

While you have the screen open, you can change the request status from Logged to Processing.

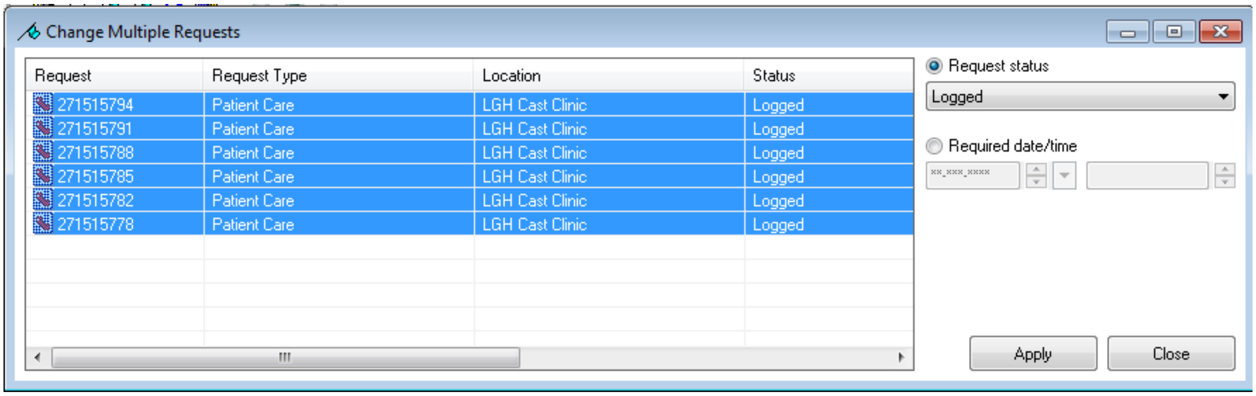
To change multiple requests, select the **Change Batch Request** icon .



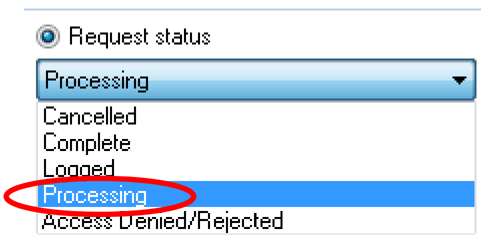
11 The Change Multiple Requests dialogue box will appear.



12 Highlight each request by pressing the shift key and clicking on the applicable requests.



13 Under Request status, select **Processing.**



14 Click the **Apply** button Apply. The requests from the list will update the status to the new status but will not disappear from the list. If possible keep the screen open and do not close it.

*Note: You would not print your chart pull list from the Request Queue as there are **no historical MRN's** listed. You will need to print the pull list from Discern Reporting Portal.*

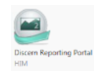
Activity 1.2 – Create/Print a PIR Pull List from Discern Reporting

To run a complete list for your facility for a specific date/date range, it is recommended that you use the

RM-Patient Info Request (PIR) Pull List. This report will list all charts in TD order by clinic/area.

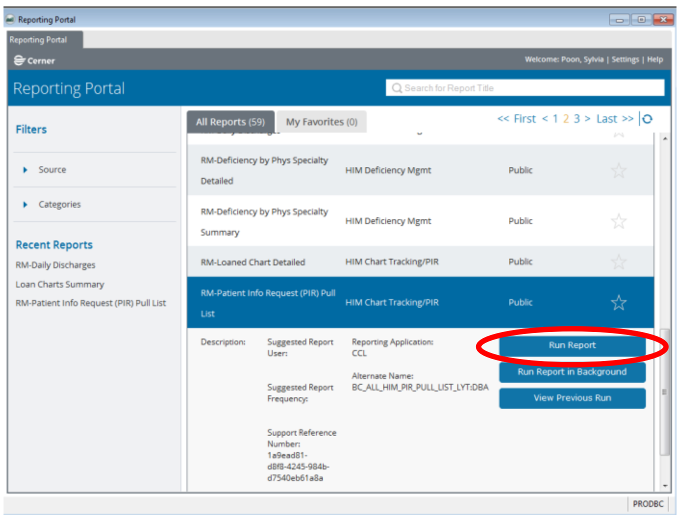
This report can be run in a Printable PDF format or an Exportable (CSV) format**.**

If you require a list of charts for a specific clinic/area, run the report as a Printable PDF Format and print only the page(s) required.

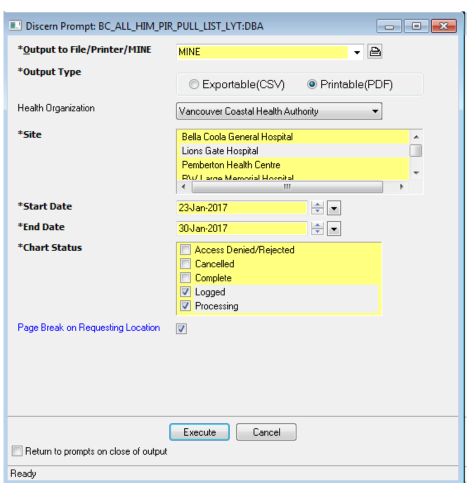
1 From the Citrix StoreFront, click on the Discern Reporting Portal icon .

2 From the Reporting Portal window, select **RM-Patient Info Request (PIR) Pull List.**

Click **Run Report.**



3 The Discern Prompt dialogue box will appear.

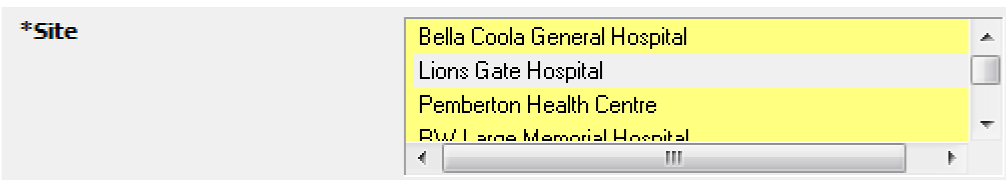


4 Under Output to File/Printer/MINE, this defaults to **MINE**, which is a screen view.

5 Under Output Type, select how you want to view the report – **Exportable (CSV) or Printable (PDF).**

6 Select the Health Organization, currently defaults to **Vancouver Coastal Health Authority**.

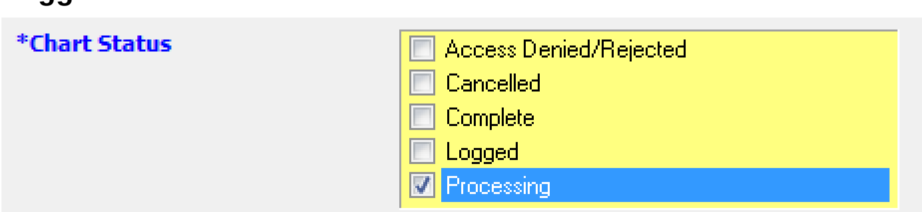
7 Under Site**,** choose the appropriate facility.



Note: All clinics/areas are rolled up to the main facility. For example, Lions Gate Hospital will include all clinics/areas within LGH, Hope Center, North Short Hospice and Evergreen House).

8 Select the Start and End Date, using the down arrow keys to show the calendar.

9 Under Chart Status, select **Processing** if you changed the status in the Change Multiple Requests dialogue box earlier, otherwise select **Logged**. The report is always defaulted to **Logged**.



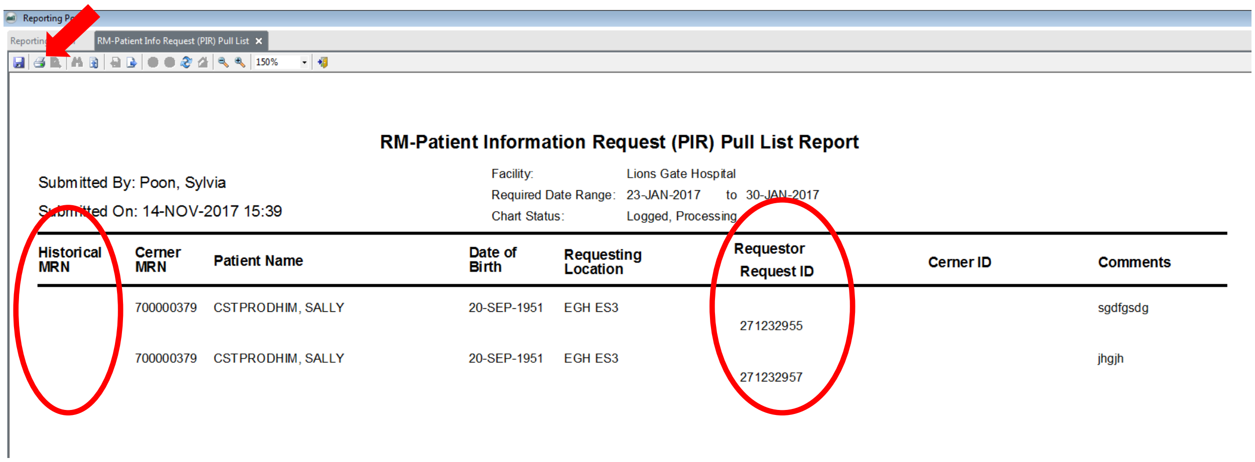
10 If you wish for a page break for each clinic/area, select the **Page Break on Requesting Location**

box.

11 If you want to return back to the same report parameters, after viewing/printing the report, you will need to click on the **Return to prompts on close of output**. Click on the Door icon to "Close" the report and bring you back to the prompt screen. Otherwise, when you close out the report, it will take you back to the main Discern Reporting Portal window.

12 Click the Execute button .

The Printable (PDF) report should look similar to this.

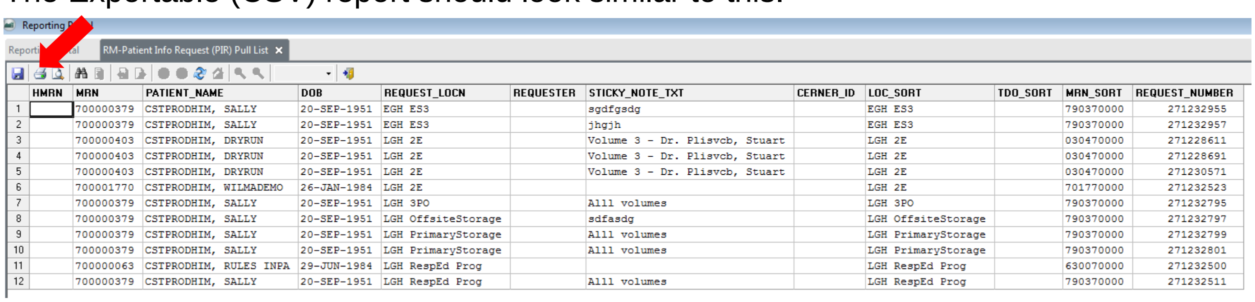

RM-Patient Information Request (PIR) Pull List Report

Submitted By: Poon, Sylvia
Submitted On: 14-NOV-2017 15:39

Facility: Lions Gate Hospital
Required Date Range: 23-JAN-2017 to 30-JAN-2017
Chart Status: Logged, Processing

Historical MRN	Cerner MRN	Patient Name	Date of Birth	Requesting Location	Requestor Request ID	Cerner ID	Comments
	700000379	CSTPRODHIM, SALLY	20-SEP-1951	EGH ES3	271232955		sgdfgsdg
	700000379	CSTPRODHIM, SALLY	20-SEP-1951	EGH ES3	271232957		jhgjh

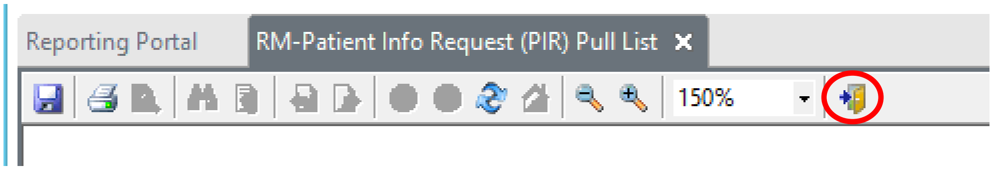
The Exportable (CSV) report should look similar to this.


	HMRN	MRN	PATIENT_NAME	DOB	REQUEST_LOCN	REQUESTER	STICKY_NOTE_TXT	CERNER_ID	LOC_SORT	TDO_SORT	MRN_SORT	REQUEST_NUMBER
1		700000379	CSTPRODHIM, SALLY	20-SEP-1951	EGH ES3		sgdfgsdg		EGH ES3		790370000	271232955
2		700000379	CSTPRODHIM, SALLY	20-SEP-1951	EGH ES3		jhgjh		EGH ES3		790370000	271232957
3		700000403	CSTPRODHIM, DRYRUN	20-SEP-1951	LGH 2E		Volume 3 - Dr. Plisvcb, Stuart		LGH 2E		030470000	271228611
4		700000403	CSTPRODHIM, DRYRUN	20-SEP-1951	LGH 2E		Volume 3 - Dr. Plisvcb, Stuart		LGH 2E		030470000	271228691
5		700000403	CSTPRODHIM, DRYRUN	20-SEP-1951	LGH 2E		Volume 3 - Dr. Plisvcb, Stuart		LGH 2E		030470000	271230571
6		700001770	CSTPRODHIM, WILMADEMO	26-JAN-1984	LGH 2E				LGH 2E		701770000	271232523
7		700000379	CSTPRODHIM, SALLY	20-SEP-1951	LGH 3PO		Alll volumes		LGH 3PO		790370000	271232795
8		700000379	CSTPRODHIM, SALLY	20-SEP-1951	LGH OffsiteStorage		sdfasdg		LGH OffsiteStorage		790370000	271232797
9		700000379	CSTPRODHIM, SALLY	20-SEP-1951	LGH PrimaryStorage		Alll volumes		LGH PrimaryStorage		790370000	271232799
10		700000379	CSTPRODHIM, SALLY	20-SEP-1951	LGH PrimaryStorage		Alll volumes		LGH PrimaryStorage		790370000	271232801
11		700000063	CSTPRODHIM, RULES INPA	29-JUN-1984	LGH RespEd Prog				LGH RespEd Prog		630070000	271232500
12		700000379	CSTPRODHIM, SALLY	20-SEP-1951	LGH RespEd Prog		Alll volumes		LGH RespEd Prog		790370000	271232511

13 To print from the Printable (PDF) or Exportable (CSV) report, click on the print button.

14

Click on the Door icon  to “Close” the report and bring you back to either the prompt screen or to the main Reporting Portal window.



Note: Use this PIR Pull List Report created from the Discern Report Portal to write any notations regarding exceptions (i.e. Charts not found). Once chart pull completed, place this report with the pile of charts to go to the requesting location.

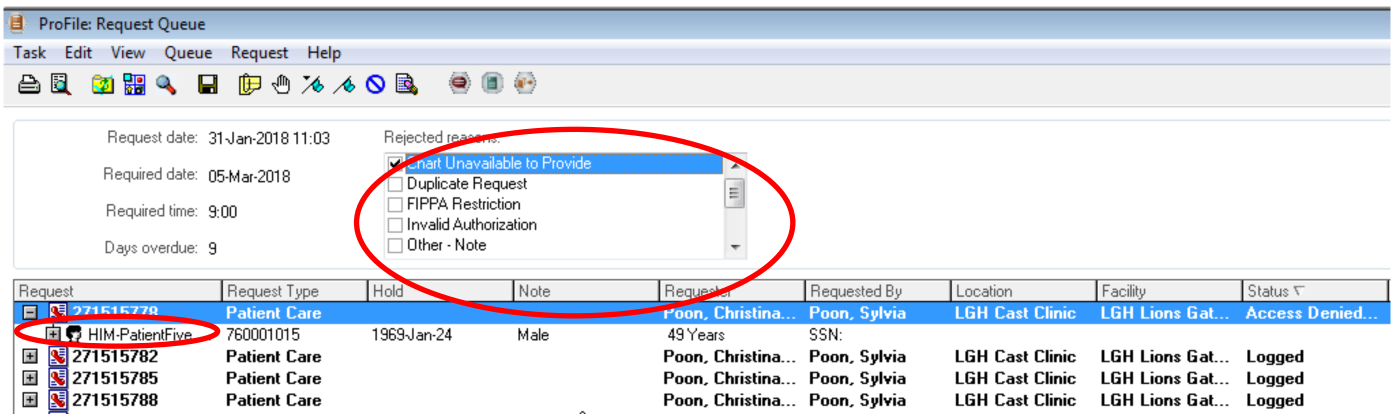
Activity 1.3 – Change the Status of a Request

Once the report has been printed/viewed and prior to pulling the charts, you should batch update all of the requests to the status of **“Processing”**. This is important for those sites who have multiple staff who pull charts for requesters, as this informs other users that you are working on these requests so that duplication of work is prevented.

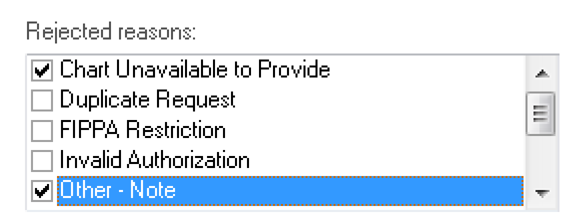
Best practice is to leave the Request Queue application open to keep the search and results static to assist in updating the same set of results as a batch.

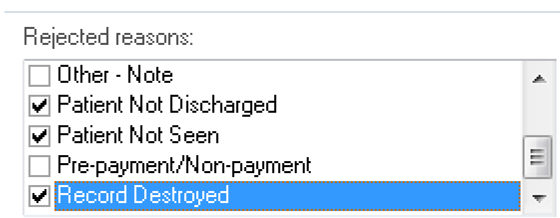
As the Request Queue displays the Request Number, and you have to expand each Request Number in order to see the patient chart details, it is recommended that you use the PIR Pull List to cross-reference the **Historical MRN** with the **Request ID.**

1 After you have pulled all the charts, go back to the Request Queue PIR list (if you’ve left it opened). From here, if there are any charts that are not available, click on the applicable Request ID that the patient’s chart is not available for, then select the applicable reject reason under **Rejected reasons.**

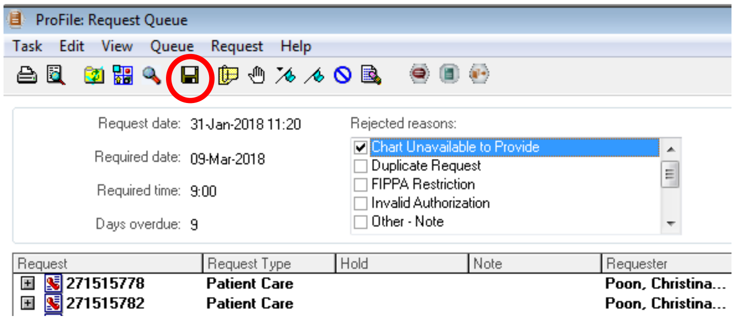


In keeping with the SOP, the only reject reasons we use are:





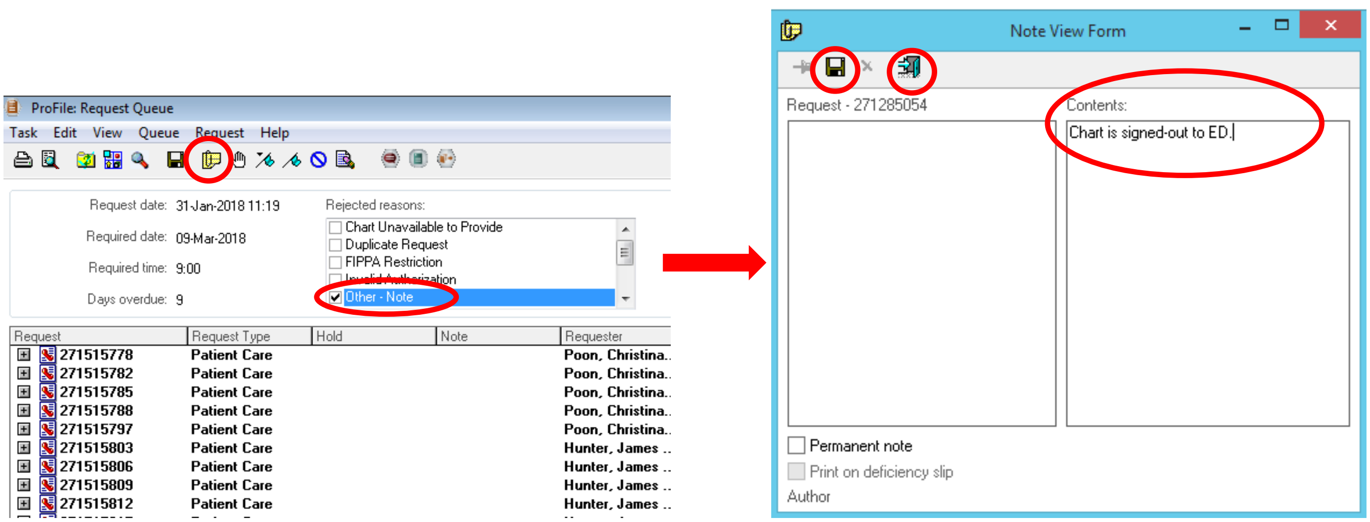
2 Once you have selected a reject reason, click on the **Save Request** icon.



If you select **Other – Note,** you must add a note by clicking on the request and select **View/Add Note** icon to add comments as to why the requested chart is not available.

Remember that if you click **Permanent note,** it doesn't mean the note will stay permanent. It will only prompt someone who tries to delete that note, as to whether or not they want to delete the note. The Print on deficiency slip is dithered.

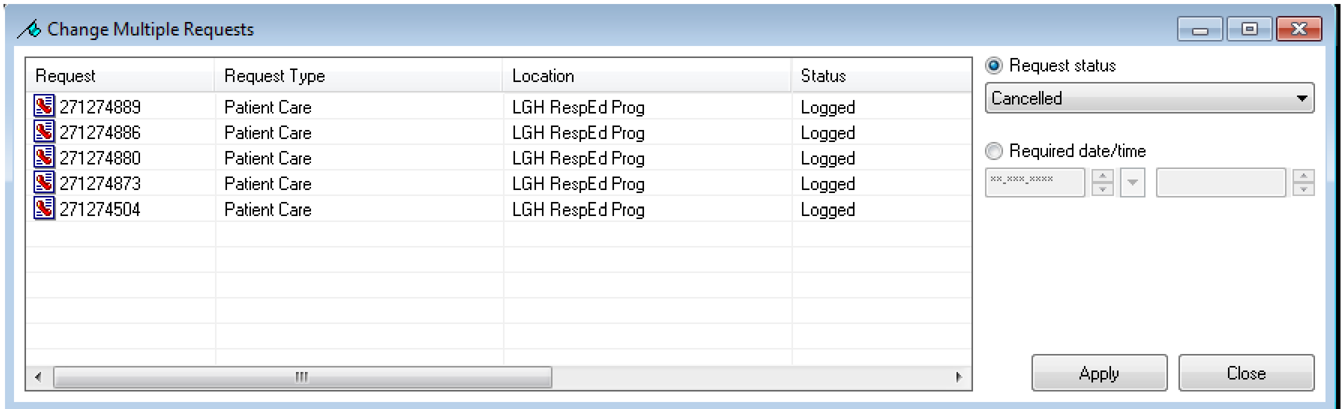
Once the Note has been completed, click **Save** and **Exit.**



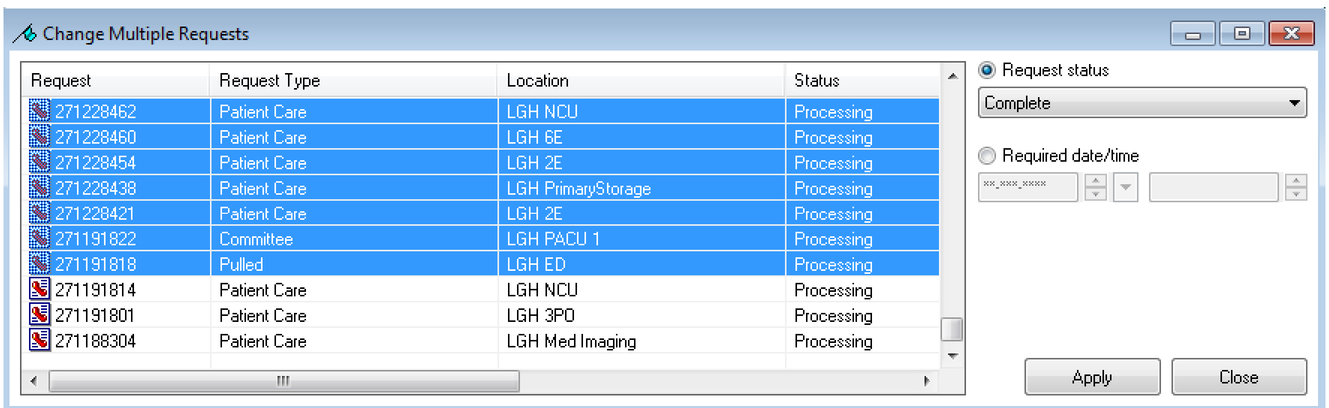
3 For all charts that are unavailable, continue with the above steps until you have identified all the unavailable charts.

4 For the remaining charts that are available, you can change multiple requests by selecting the **Change Batch Request** icon .

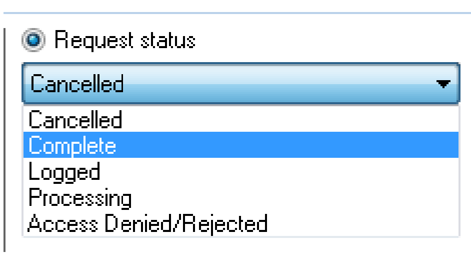
5 The Change Multiple Requests dialogue box will appear.



6 Highlight each request by pressing the shift key and clicking on the applicable requests.



7 Under Request status, select **Complete.**



8 Click the **Apply** button 

. The requests from the list will update the status to the new status but will not disappear from the list. Click close **X** to exit.

ACTIVITY 2 – Patient Lists

Learning Objectives

At the end of this activity, you will be able to:

- Have an Overview of What Patient Lists are
- Build a Custom Patient List
- Add / Remove Patients from Patient Lists
- Modify / Delete Patient Lists
- Proxy a Patient List to Another User
- Print a Patient List

Overview

For HIM, Patients Lists will be created in PowerChart by Clerk III's and Clerk IV – ROI staff to provide access to researchers and external ROI requesters to specific patient charts/encounters . By building a Custom Patient List and proxying access to external requesters, it limits their ability to do a broad search in Cerner PowerChart, which is in keeping with privacy laws.

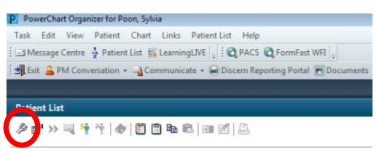
There are ten different types of lists, some of which are populated automatically by the system, while the Custom list is built manually. For example, the computers located in the inpatient areas are defaulted to display the Patient List of the Location of the computer – computers in 3 East at LGH will display the LGH 3 East Location Patient List.

You can build multiple Patient Lists and have up to ten of those available as Active Patient Lists and displayed as tabs in the Patient List view.

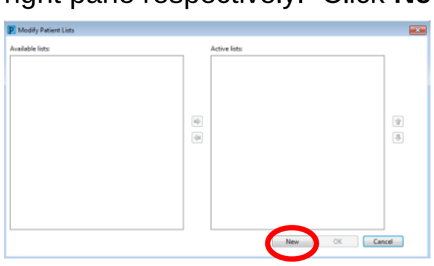
Activity 2.1 – Build a Custom Patient List

1 In PowerChart, click on the **Patient List** tab Patient List.

2 The Patient List window will display. Click the **List Maintenance** wrench icon.



3 The Modify Patient Lists dialogue box opens. Available and Active Lists will display in the left and right pane respectively. Click **New** to create a new list.



4 The Patient List Type dialogue box opens and displays the Patients Lists that are available for you to create. Single-click on **Custom** and click **Next**.

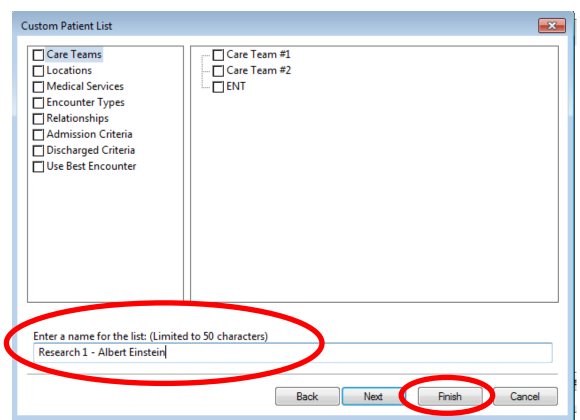
5 The Custom Patient List dialogue box opens.

The left pane displays filter options while the right pane narrows down the options for your lists.

For HIM, the use of these filters will be very minimal.

Click in the *Enter a name for the list* field and type in the name of your Custom Patient List.

Click **Finish** to complete the action.



<u>Table of Standard Naming Convention:</u>

External Requester	Standard Naming Convention	Example
Research	Research # - Principal Researcher's Name	Research 1 – Albert Einstein
ROI Requester	Requester's Organization – Requester's Name	MCFD – Katniss Everdeen

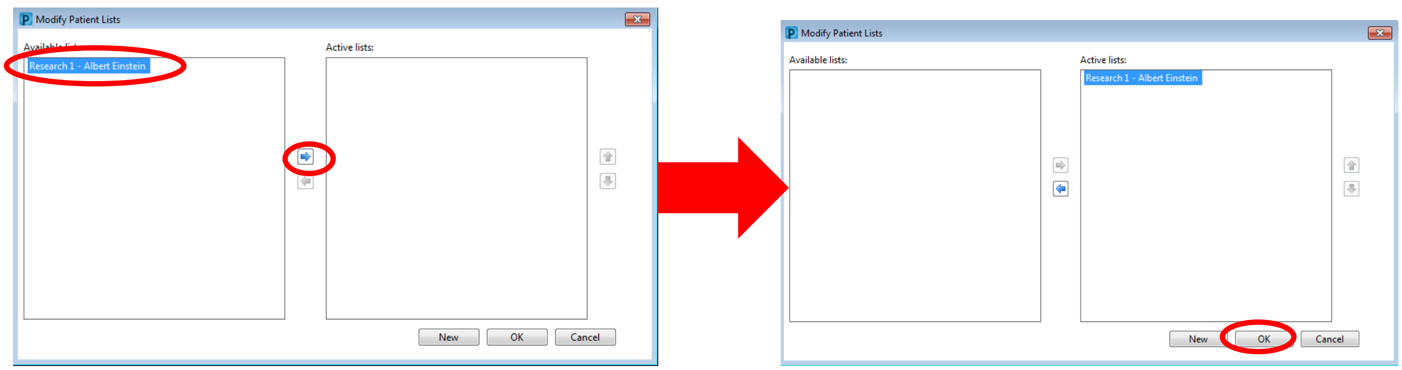
6 The Custom Patient List will now appear as an Available list in the left-hand pane.

To be able to view this list in PowerChart you will have to move it to the Active lists in the right pane.

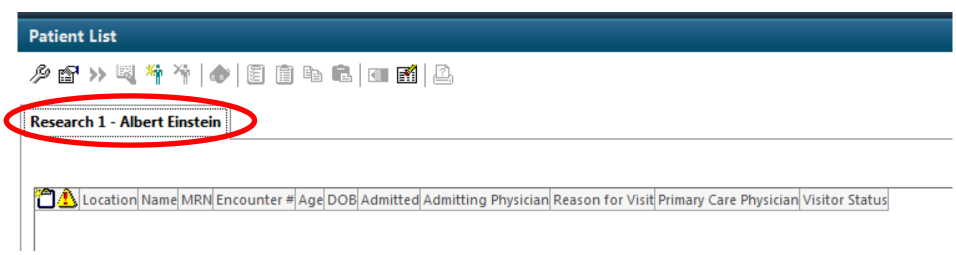
- Single-click on the Custom Patient List in the Available lists pane
- Click to move it to the Active List pane

The Custom Patient List will now appear as an Active list and is available to view in PowerChart.

Click **OK** to close the box.



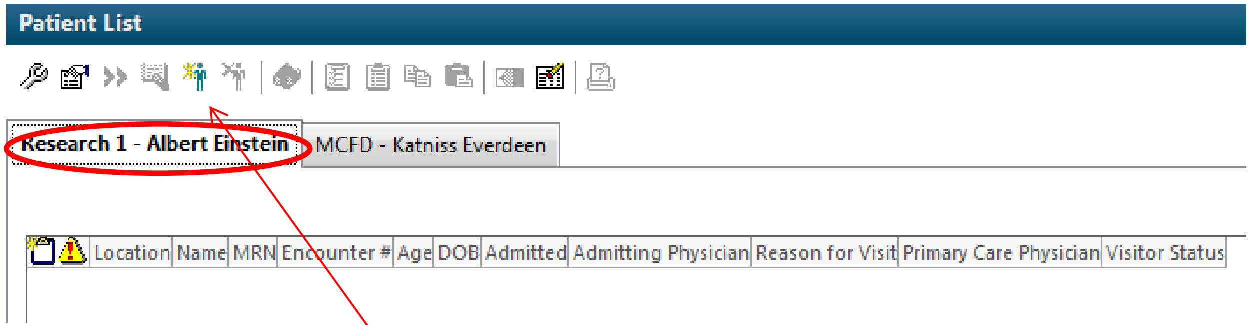
7 Your Custom Patient List will display in your Patient List window.



Activity 2.2 – Add / Remove Patients from Patient Lists

<u>Adding Patients</u>

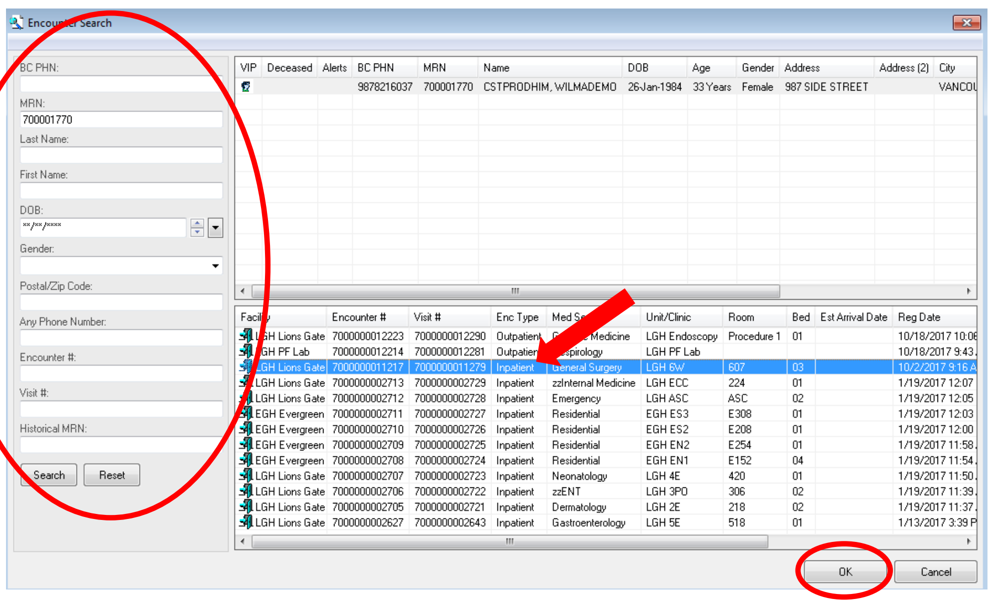
1 In the Patient List window, select the appropriate Patient List by clicking on the tab.



2 Click on the **‘Add Patient’** icon

3 The standard Patient Search window opens.

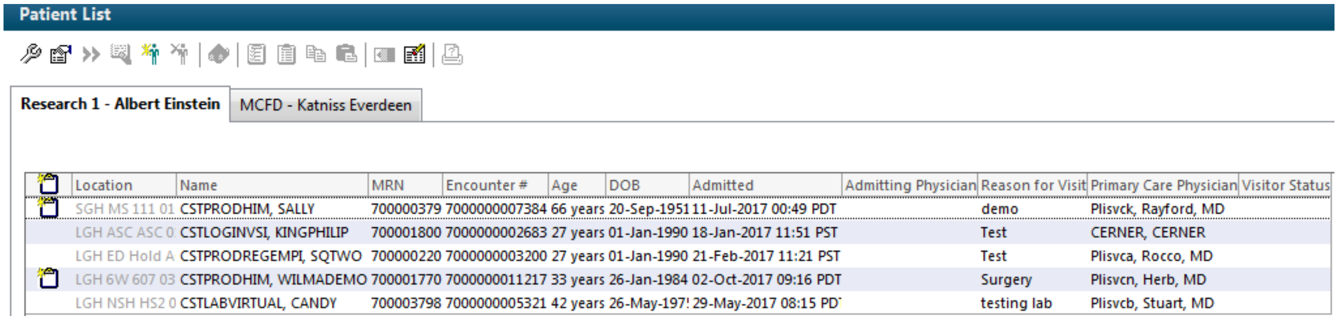
Search for the patient and select the appropriate encounter using any of the criteria displayed in the left-hand pane.



Note: The current build only allows you to add patients by encounter, not the entire patient record.

4 The patient’s encounter you selected is now displayed in your list.

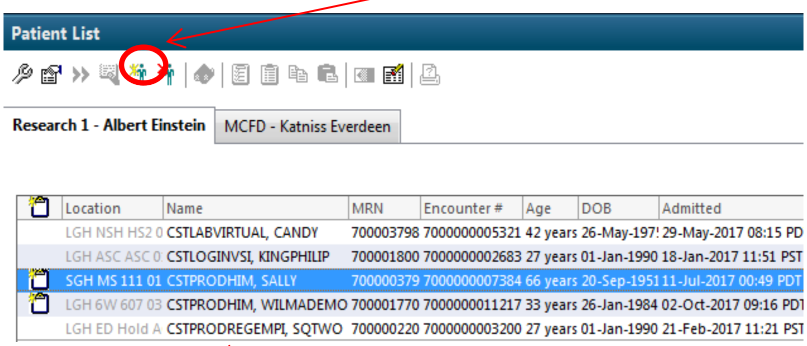
Continue this step to add all of the patients and their encounters on your list.

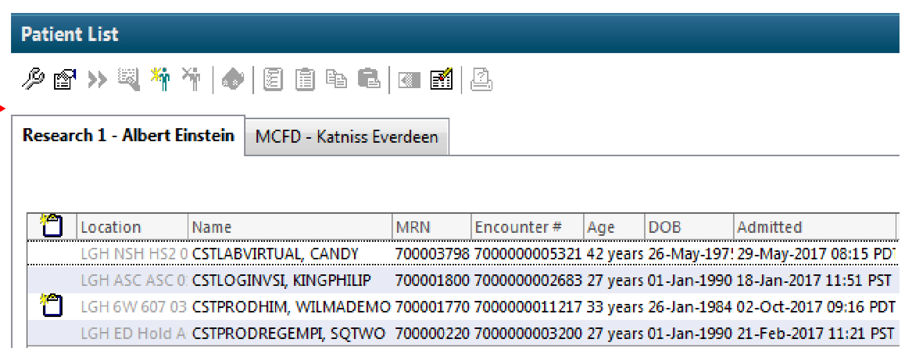


Removing Patients

1 From the Custom Patient List, single-click to highlight the patient encounter you wish to remove from the list.

Click on the **Remove Patient** icon .



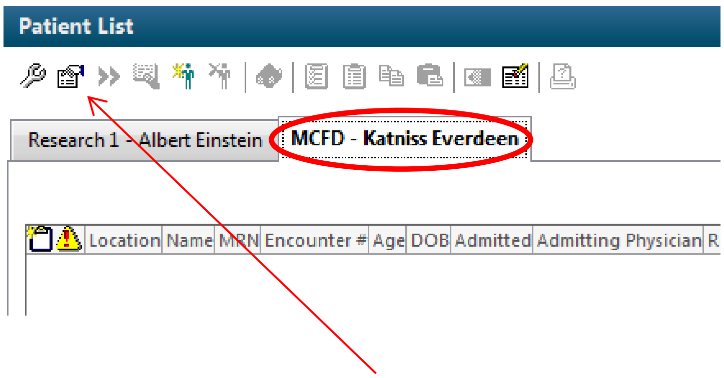


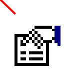
Activity 2.3 – Modify / Delete Patient Lists

Modifying Patient Lists

1 You can modify any of the properties of a Patient List after you have created it.

2 In the Patient List window, select the appropriate Patient List by clicking on the tab.

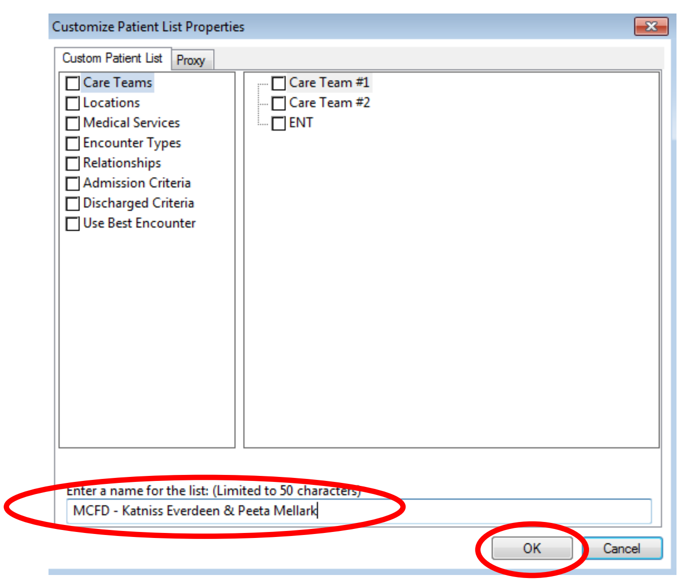


3 Click on the **Properties** icon  .

4 The **Customize Patient List Properties** dialogue box opens.

As HIM use of these filters will be very minimal, changes would typically be limited to changes to the *names* of the Patient Lists as needed.

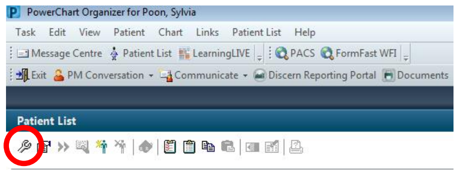
Click **OK** to complete the activity.



Deleting Patient Lists

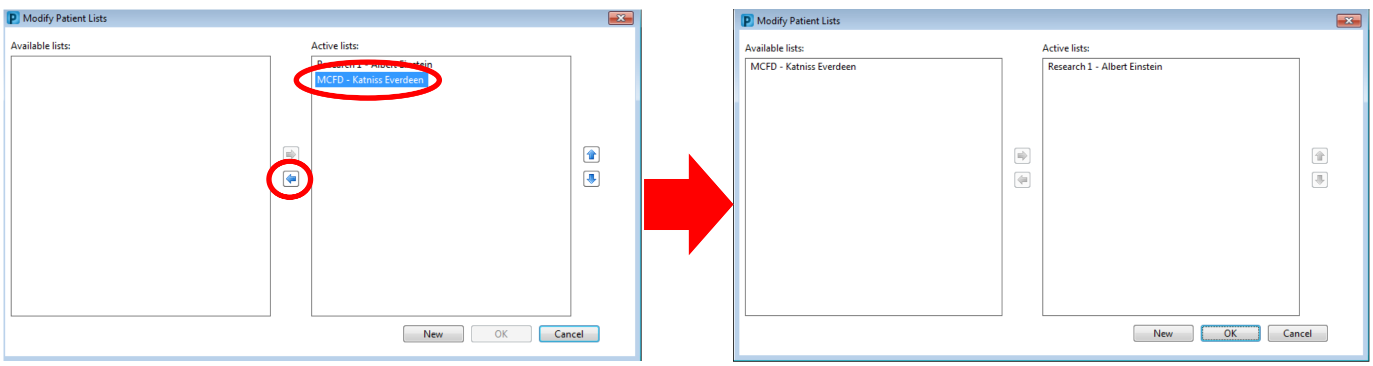
1 Once the researcher and/or ROI requester is completed reviewing their list of patient charts in PowerChart, you can delete the Custom Patient List.

2 From the Patient List view, click the **List Maintenance** wrench icon .



3 The Modify Patient Lists dialogue box opens.

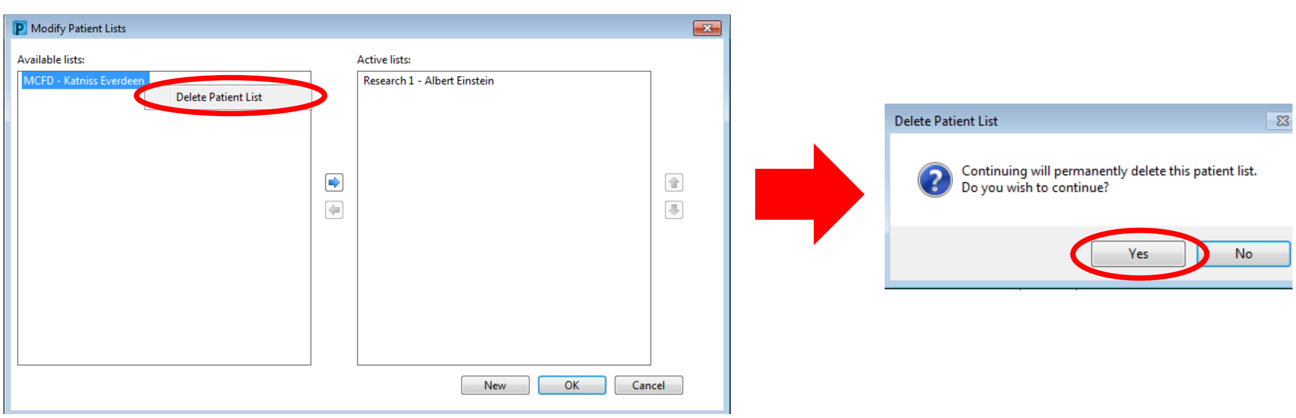
Select the Custom Patient List you wish to delete from the Active lists pane and click to move it to the Available lists pane.



4 Right-click on the Custom Patient List you wish to delete under Available lists.

Click **Delete Patient List.**

You will be prompted to select **Yes** to permanently delete the Patient list.



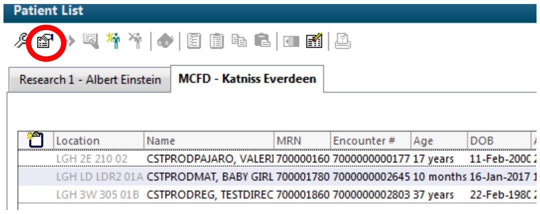
The Custom Patient List will no longer appear in your Patient List view.

There is no way to recover a deleted list; therefore, it is important to ensure that the external requester/researcher is completed their review prior to deleting their list.

Activity 2.4 – Granting Proxy to a Patient List

You can proxy any Patient List to another user with the assigned privileges.

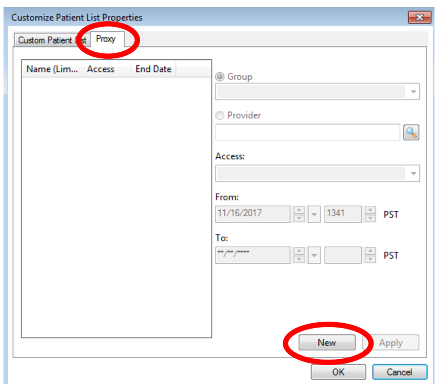
1 From the Patient List window, click on the **Properties** icon .



2 The Customize Patient List Properties dialogue box opens.

Click the **Proxy** tab to open the Proxy Tool.

Click **New**.

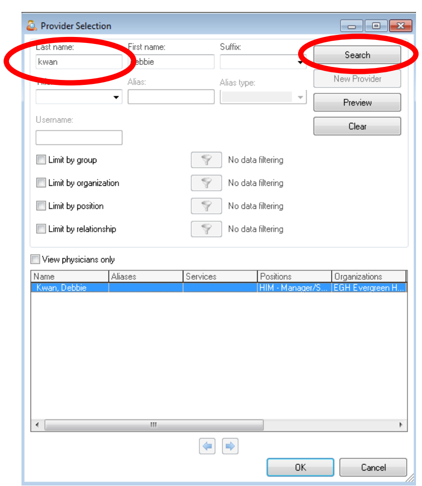


3 From the Customize Patient List Properties dialogue box, select the **Provider** radio button.

Click the magnifying glass to the right of the provider field.

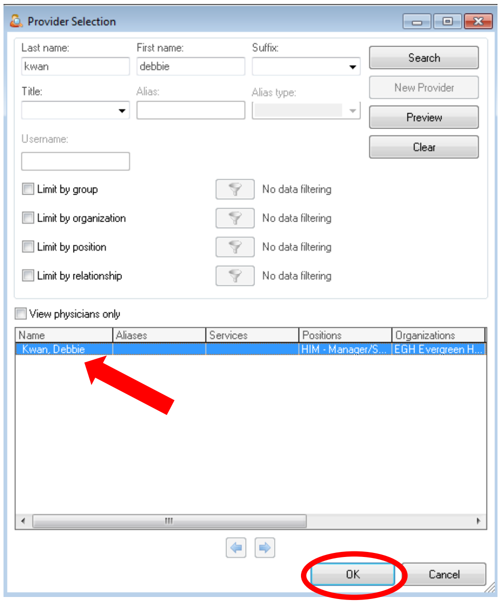
Enter the *last name* of the researcher's name and/or the external ROI requester's name you wish to proxy the list to.

Click **Search.**



4 Single-click on the appropriate name.

Click **OK.**

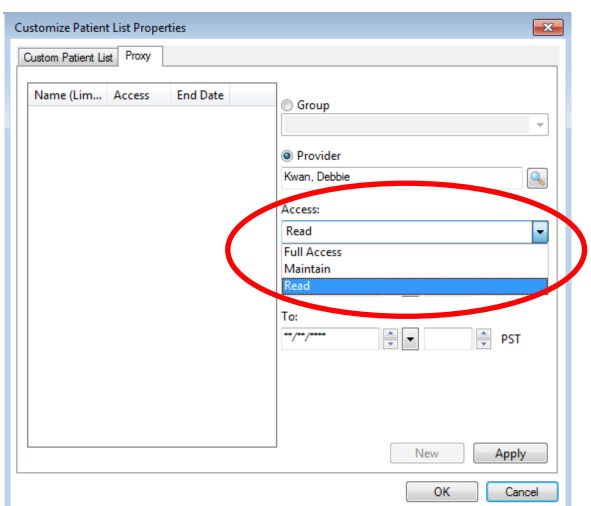


5 Click on the down arrow to the right of the **Access** field.

From the drop-down menu, select the type of access you wish to grant:

- **Full Access**: Read, add patient, remove patient and delete list.
- **Maintain**: Read, add patient and remove patient
- **Read:** Read ONLY.

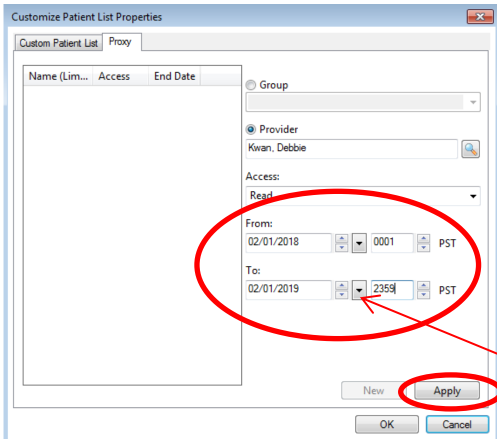
For researchers and external ROI requesters, select **Read**.



6 Enter the start and end date of the proxy.

If you plan for this Patient List to be shared for a long-term, pick a date well into the future. For researchers, pick the valid research dates that are specified on the Institutional Approval or Research Extension Form.

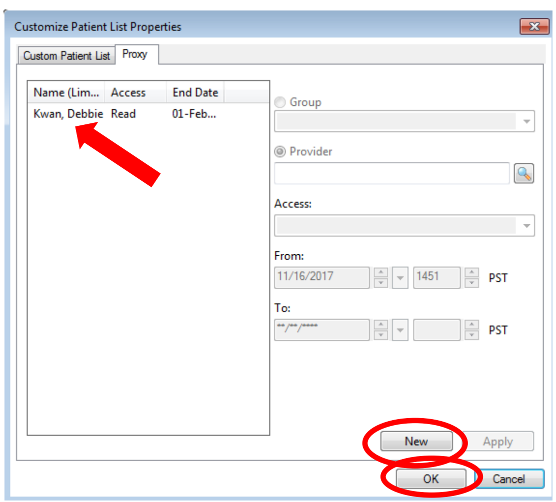
When you have completed all the fields, click **Apply.**



Tip…click on the large down arrows to display a calendar.

7 Your proxy will be displayed.

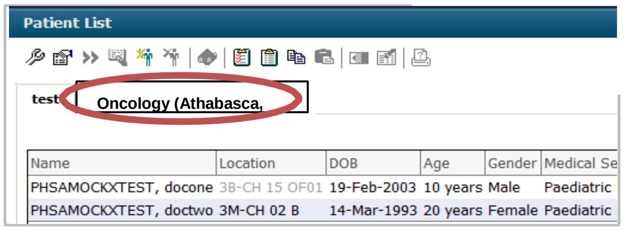
You can either select **New** to add an additional proxy or click **OK** to complete the action.



Note: To display the proxied Patient List in the researcher/external ROI requester's Patient List window, you will have to move the list from 'Available' Patient Lists to 'Active' Patient Lists.

Once the proxied Custom Patient List is an Active Patient List, it will display similar to the screenshot below. The name of the Custom Patient List will appear with the name of the Researcher/External Requester with the HIM staff who proxied the list in brackets.

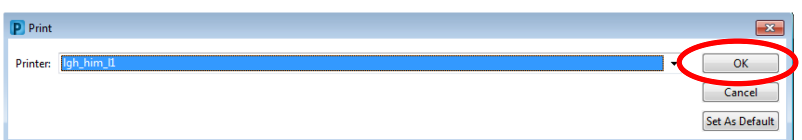
The Researcher/External Requester will need to also make the list an Active Patient List in order to see the list.



Activity 2.5 – Printing a Patient List

1 To print a Patient List, select the list from your Patient list window and click the **Print** button .

2 The Print dialogue box will appear. Your defaulted printer should display and click **OK**.



ACTIVITY 3 – Multiple Document (Batch) Scanning

Learning Objectives

At the end of this activity, you will be able to:

- Have an Overview of the Document Imaging Workflow for HIM Batch Capture
- Access the Kofax Capture
- Understand the Batch Classes
- Perform Document Imaging – Scan / Quality Control / Validation

Overview

Kofax Capture is a document scanning, indexing and extracting software solution that captures, classifies and extracts content from all types of paper documents and forms. This application will interface with Cerner to perform Validation. HIM Departments will be utilizing Kofax Capture for batch scanning. A "batch" is defined as documents that are grouped together in preparation for scanning. This can be a batch of documents for one patient (Inpatient discharges) or a batch of documents for multiple patients (Emergencies, Day Surgery or Loose Reports). Note that Ambulatory Clinics and smaller HIM departments may use Cerner Single Document Scanning functionality to scan individual documents into Cerner; however, HIM will be responsible to audit, store and destroy these documents.

HIM Batch Capture Workflow:

- ***Chart / Loose Reports Received***
- ***Prep***
- ***Scan***
- Recognition (Automated)
- ***Quality Control (QC)***
- Remote to Central Site Batch Transfer – (Automated)
- ***Validation (via Citrix)***
- Export (Automated)
- Batch Indexing (Automated)
- Document in Cerner Millennium – PowerChart for Viewing

Post go-live, patient charting/documentation will either be direct entry into PowerChart or by using clinical forms printed through WebForm Imprint. These forms will be barcoded with patient encounter and form identification, similar to our current "addressograph labels". These barcoded forms will be auto-detected/indexed through Kofax. However, we will continue to receive forms/documents that are external to the organization and these will need to have barcoded labels applied to them prior to scanning.

Refer to the following Document Imaging SOP's for details on the processing of charts/documents:

1. Prepping
2. Scanning
3. Quality Control and Validation – Scanned Documents

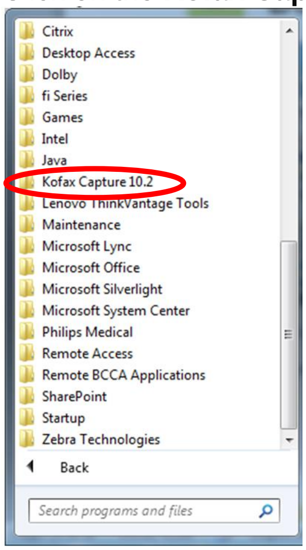
Activity 3.1 – Access the Kofax Module / Scan Documents

1 From your desktop, click on the **Kofax Capture 10.2** folder

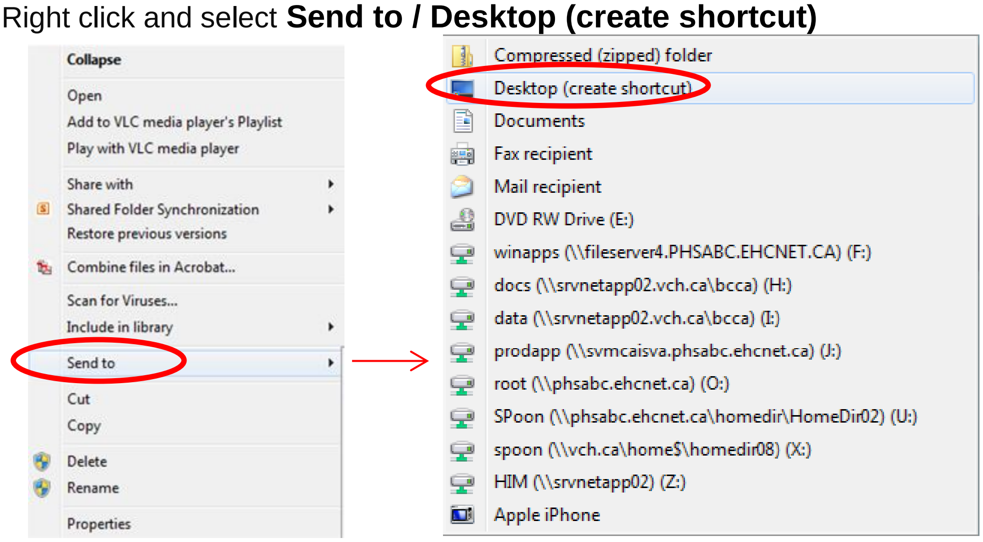
If you do not have this folder on your desktop, follow these steps to place on your desktop:

a) Click on Start  / All Programs

b) Click on the **Kofax Capture 10.2** folder

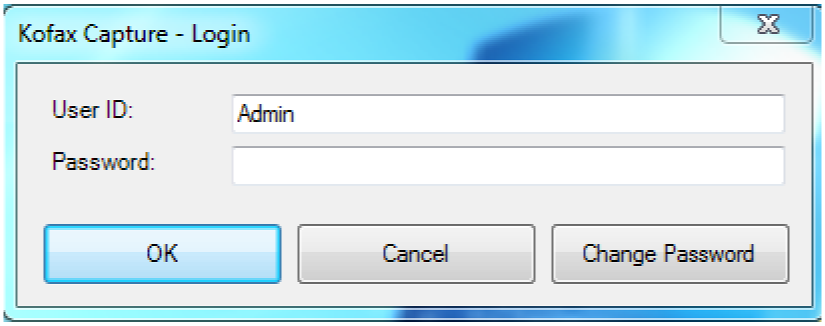


c) Right click and select **Send to / Desktop (create shortcut)**

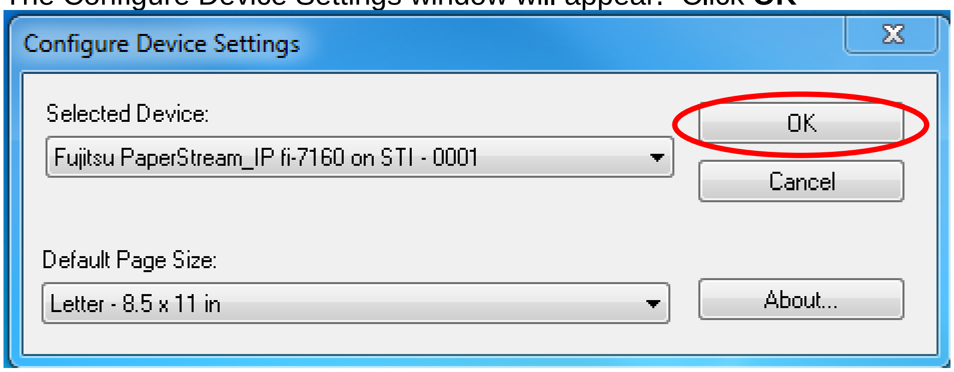


2 From the Kofax Capture 10.2 folder double-click **Scan**.

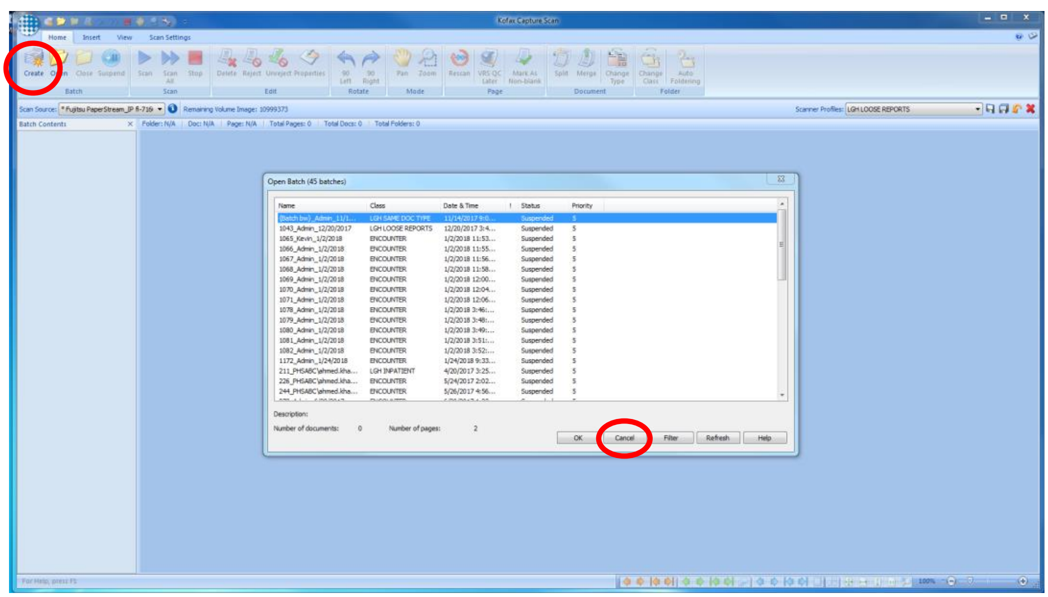
3 The Kofax Capture – Login screen will appear. Enter your User ID and Password. Click **OK**.



4 The Configure Device Settings window will appear. Click **OK**



5 The Kofax Capture Scan window will appear. Click on **Cancel** to close the Open Batch pop-up window and then click **Create.**



Note: This screen shows the batches that have been already created.

Included in your "batch" of documents, you will find:

- Barcoded forms from WebForm Imprint.
  - Multi-page continuous forms.
  - Single-paged forms – same document type.
- Non-barcoded forms (external forms).

This batch of documents has already been prepped. The typical steps involved in prepping include:

- Removing staples and paperclips
- Ensuring all pages are right-side up
- Cutting off rough edges and repairing damaged pages
- Arranging pages in the correct order for multi-paged documents
- Ensuring patient's name and FIN (encounter number) are correct on every page
- For poor quality images, consider using a "Poor Quality Original" stamp on the page.

Of note, you will see:

- A Separator Sheet to separate bar-coded and non-bar coded documents.
- A FaceSheet or an I Have Been Scanned document (if no FaceSheet provided) at the last page of the batch.

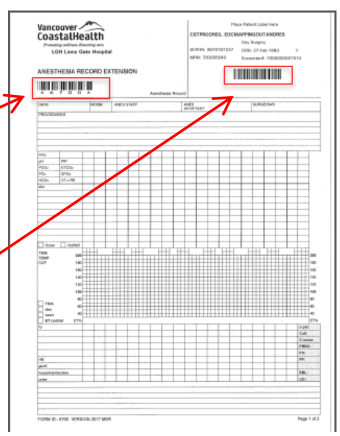
Note: The order in which documents are prepped is critical.

<u>Some Important Notes Regarding Barcoded Forms and Separator Sheets</u>

<u>Sample Standard Barcoded Form</u>

Document Form Barcode – Recognition module extracts document type information from the document form barcode

Patient Barcode – Recognition module extracts patient information from the patient barcode



<u>Sample Separator Sheet</u>

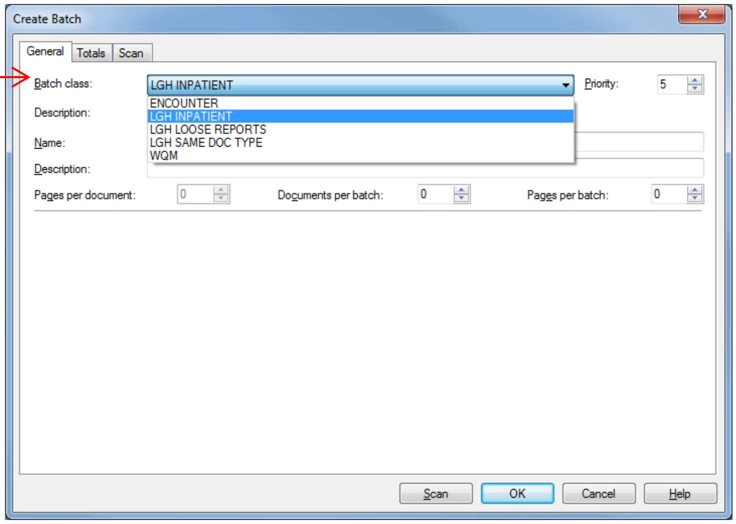
Separator Sheet – Recognition module will split on form barcode

No patient label.

<u>Separator Sheet</u>

- Separator sheet will need to be deleted manually during Quality Control
- Multiple separator sheets should not be used in one batch
- Only used as a visual/physical split between barcoded and non-barcoded forms at the end of the batch
- During prep, non-barcoded forms will be placed at the end of the batch
- During the automated recognition process, forms are split/combined based on the barcode being detected
- Non-barcoded forms at the end of the batch will be **combined** in one book with the separator sheet and will need to be manually split in QC.

6 The Create Batch window will appear. Select the Batch class:



- LGH/SGH Ambulatory
- LGH/SGH Day Surgery Loose Reports
- LGH/SGH Emergency Loose Reports
- LGH/SGH Inpatient
- LGH/SGH Loose Reports
- LGH/SGH Release of Information
- LGH/SGH Same Doc Type

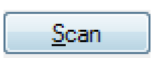
<u>Batch Class Descriptions</u>

Batch Class	Used For:	Description
Inpatient Ambulatory	Single Patient: • Inpatient • Ambulatory	Batch prepped for one patient, single encounter. Patient labels should be on front and back of every page. Patient information is sticky. Same document type barcodes will combine: • Consent Form followed by a Consent Form will combine (assuming matching form barcode). • Consent Form followed by a non-barcoded document will combine. Multi-paged documents should be placed in chronological order and grouped together. • Same document types that need to be separated should be prepped between another document so they will not combine. Non-barcoded forms prepped at end of batch with a separator sheet.
Loose Reports	Multi-Patient: • Day Surgery Loose Reports • Emergency Loose Reports • Loose Reports	Batch can contain documents of different patients/encounters. Patient label should be placed on front and back of all pages. Splits on document type barcode. If document barcode is missing, documents will combine in QC: • Consent Form followed by a Consent Form will not combine (assuming match form barcode). • Consent Form followed by a non-barcoded document will combine. Multi-paged documents should be placed in chronological order and grouped together (manually combined in QC). Non-barcoded forms prepped at end of batch with separator

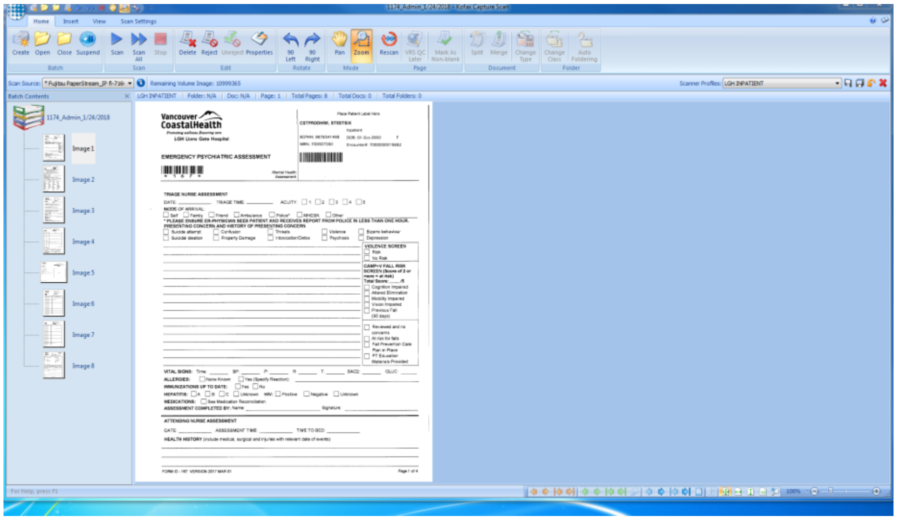
		sheet.
Same Doc Type	This batch consists of documents belonging to the same document type (i.e Consent Forms)	Batch can contain documents for different patients/encounters. Patient label placed on front and back of all pages. Splits on patient label barcode. If patient barcode is missing the document will combine with previous patient barcoded document: • Consent Form followed by a Consent Form will not combine for the same patient (assuming matching form barcode). • Consent Form followed by a non-barcoded document type will combine. Multi-paged documents should be placed in chronological order and grouped together (manually combined in QC).
Release of Information	Release of Information Correspondence	Batch can contain documents for different patients/encounters. Patient label placed on front and back of all pages. Splits on patient label barcode. Hardcoded ROI Doc Type. Release of Information correspondence will all be within one book per patient.

Note: *All documents will be scanned in grayscale. If your site has colored documents that have been identified as needing to be scanned in color (i.e. clinical impact/significance), you will need to pull these out during prepping and scan them separately by changing the **Scanner Profiles** under the **Home** tab to **Color**.*

7 Place forms as indicated on scanner onto the scanner tray.

8 Click Scan .

9 The scanned documents will appear on the window with thumbnails on the left hand column.



10 Complete the Batch Capture Coversheet.

BATCH CAPTURE COVERSHEET

Site: ____________________ **Batch ID:** ____________________

Scanner #: ______________

Batch Class:

- ▫ Inpatient
- ▫ Day Surgery Loose Reports
- ▫ Emergency Loose Reports
- ▫ Ambulatory (Clinic)
- ▫ Loose Reports
- ▫ ROI
- ▫ Same Doc Type

	Kofax User Profile Name	Date (DD-MMM-YYYY)
Prepped By:		
Scanned By:		
QC'd By:		
Validated By:		
Audited By:		

Comments:

____

____

____

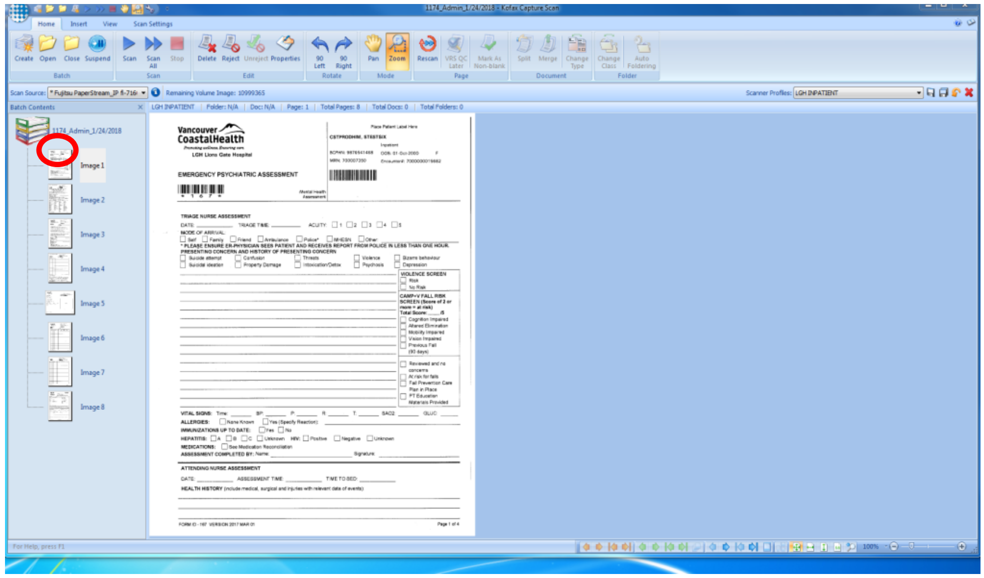
____

Total # of Pages HIM removed for Securing / Other		Date:
Total # of Pages HIM returned to batch		Date:

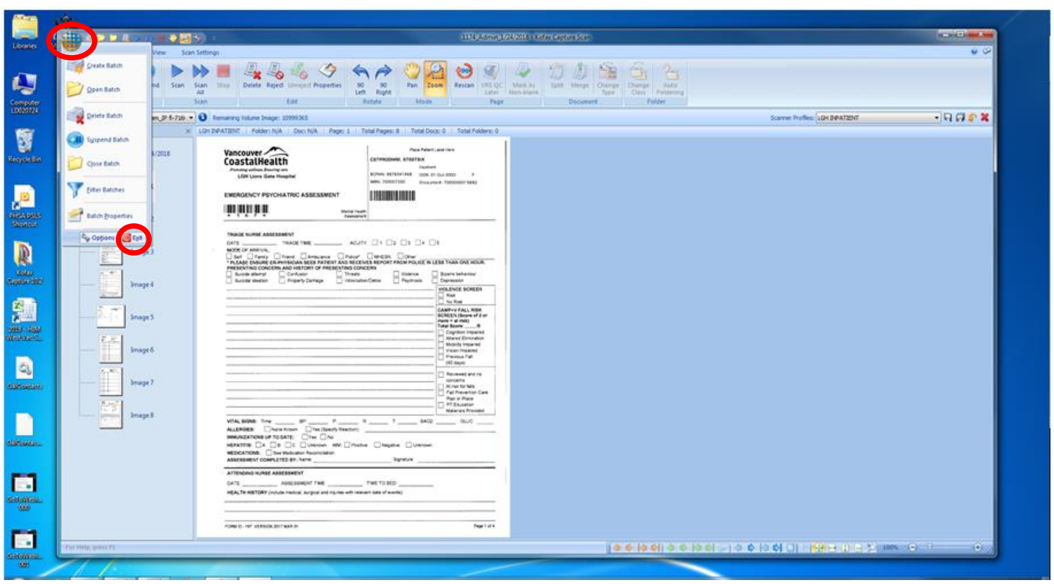
Complete the following:

- Site
- Batch ID
- Scanner #:
- Batch Class
- Prepped By
- Scanned By
- Comments

Batch ID
(1174)

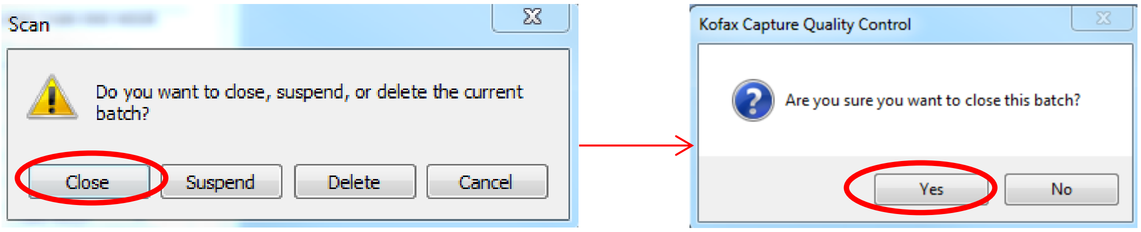


11 Click on the round **Kofax button** at the top left corner. Choose **EXIT.**

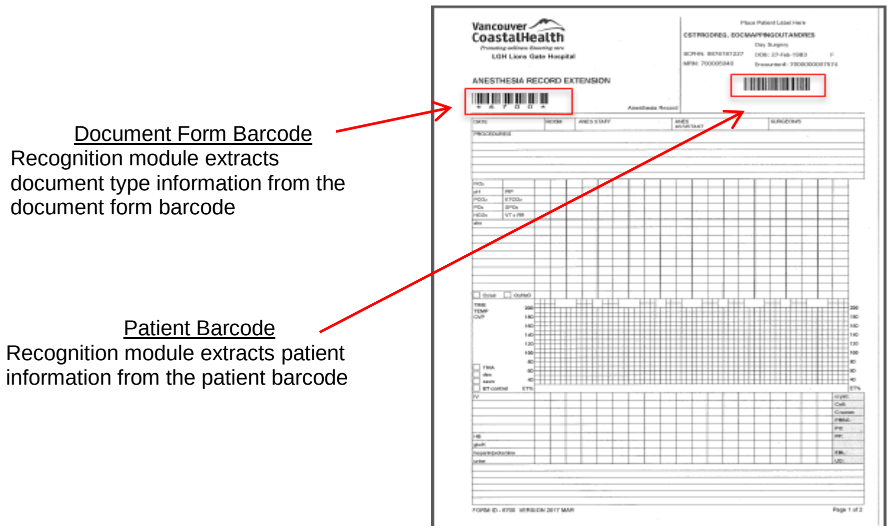


12 After scanning all of your batches, the Scan dialogue box will appear. Click **Close** and then it will ask you to confirm in another box.

Click **Yes.**



13 The next process is called Kofax Recognition which is an automated process for indexing the scanned documents based on the barcodes.



Activity 3.2 – Quality Control

Overview

In this module you will examine the batch for quality:

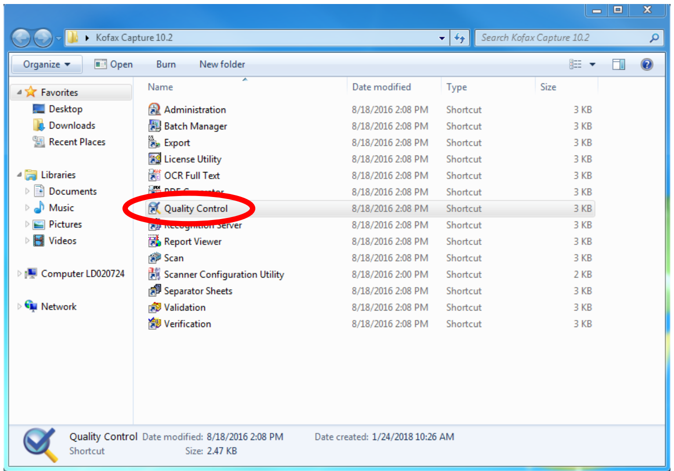
- No pages are missing
- No blank pages
- Images are good quality
- Documents are separated correctly
- Documents are rotated correctly
- Color pages are rescanned in color if required
- All information on the page is readable and matches the paper copy
- Books are broken up appropriately

Functions available:

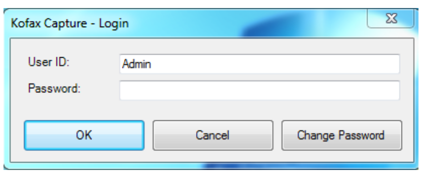
- Replace Images
- Insert Pages
- Delete Images
- Rotate Images
- Move Images

1

Open Quality Control  from your desktop shortcut. If you don't already have this on your desktop, click on Kofax Capture 10.2 folder on your desktop. Double-click on **Quality Control.**

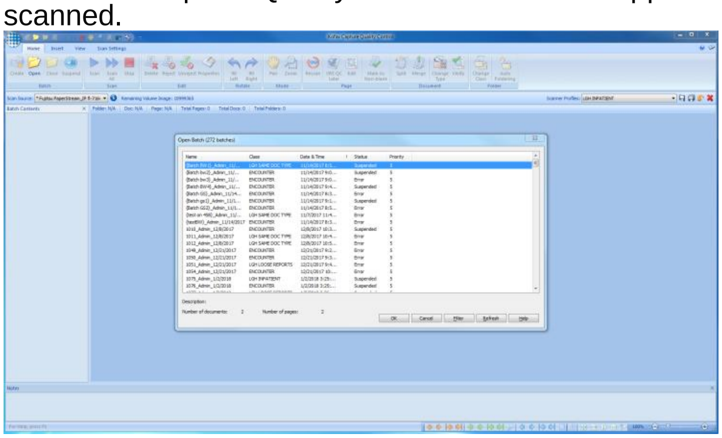


2 The Kofax Capture – Login box will appear. Enter User ID and Password – Click **OK**.



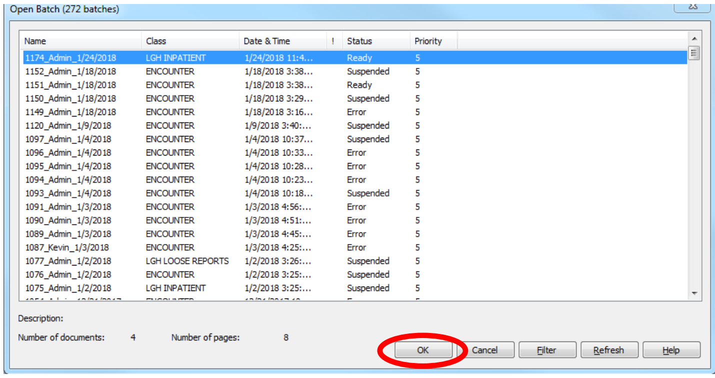
3

The Kofax Capture Quality Control window will appear displaying all open batches that have been scanned.



4

Select the Batch ID that you wrote on the Batch Capture Coversheet – click on the Date & Time and/or Name column to sort and find your Batch ID. Click **OK.**

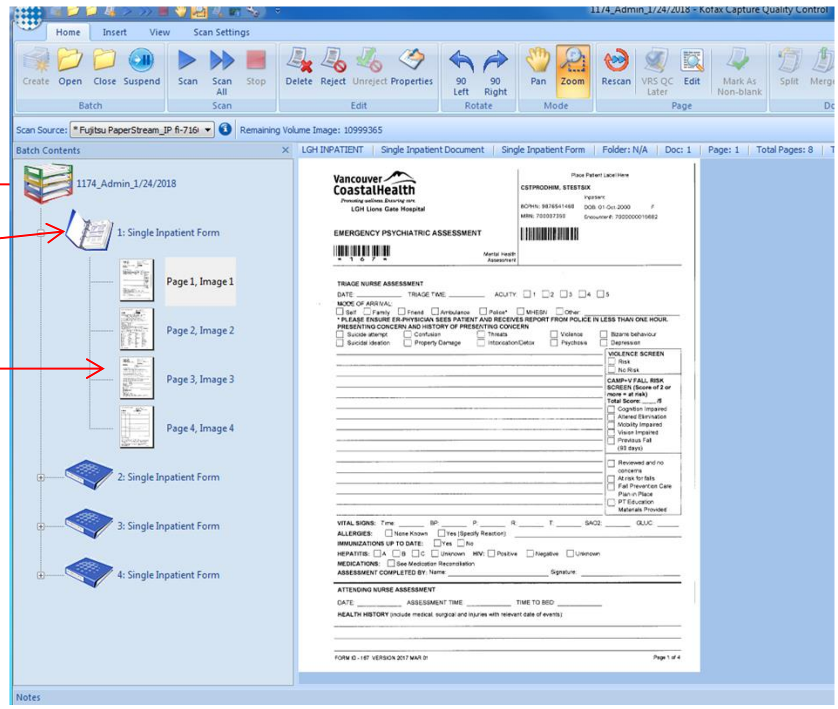


5 The scanned documents will appear on the window. The cursor will always land on Page 1, Image 1.

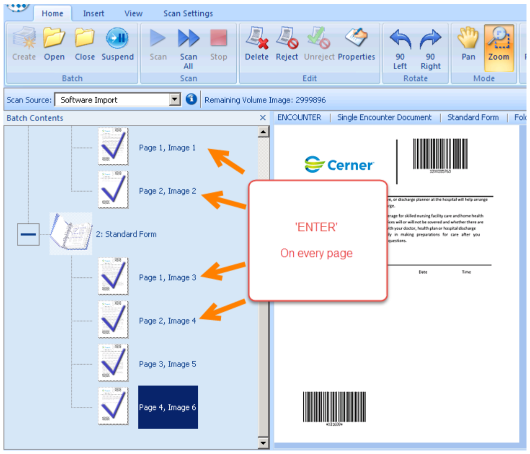
Colored tray represents a batch.

Blue numbered books represents document types

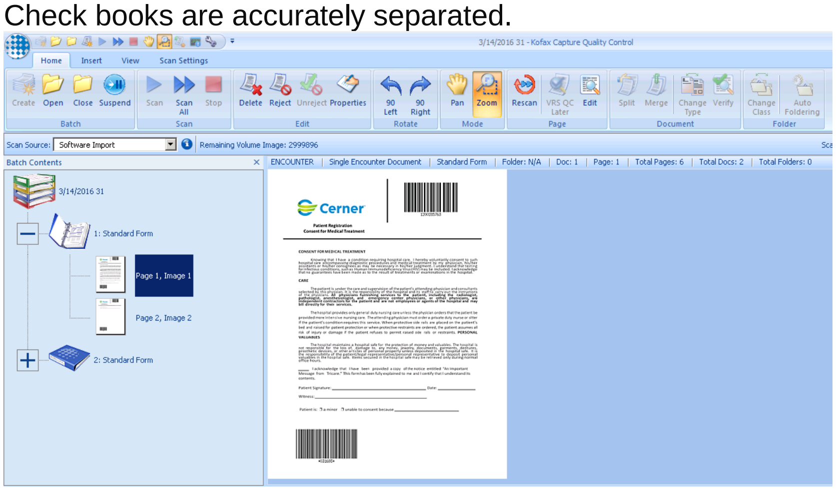
Within each book are the single pages of that document type.



6 Compare each paper page with the screen page to ensure they are identical (see QC/Validation SOP). Click the **"Enter"** button after every page.



7 Check books are accurately separated.



<u>What are Books?</u>

- Images are broken down based on the logic of the batch.
- Books consist of images that belong together.
- Each book should have a single patient and a single document type.

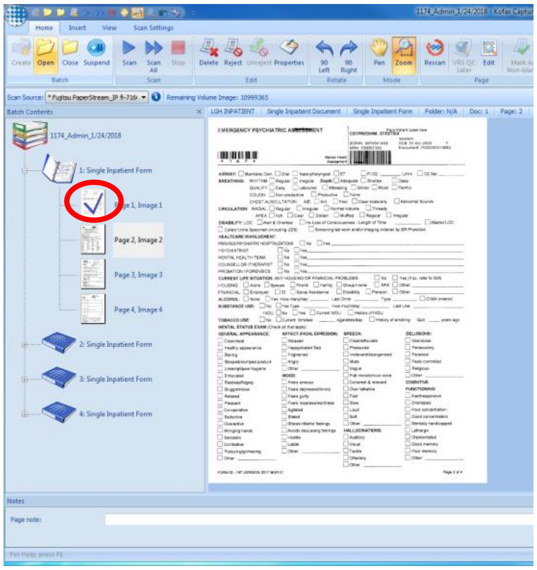
  <u>Examples:</u>

  ❖ Example 1: Daffy Duck has a 3 page Progress Note followed by a 2 page Physician Order.
  - ➢ How many books will there be?
    - ✓ 2 books
  - ➢ How many pages will be in each book?
    - ✓ Book 1 = 3 page Progress Notes
    - ✓ Book 2 = 2 page Physician Orders

  ❖ Example 2: There are 7 pages of Progress Notes in a row.
  The first 4 pages belong to Madonna, the last 3 pages belong to Cher.
  - ➢ How many books will there be?
    - ✓ 2 books
  - ➢ How many pages will be in each book?
    - ✓ Book 1 = 4 pages for Madonna
    - ✓ Book 2 = 3 pages for Cher

8 A blue check mark will appear over the pages that you have QC'd.

In QC, you have the ability to split, merge, insert and delete pages.



Kofax Shortcut Keys

The grid below displays the shortcut keys for Kofax for managing the scanned documents.

Action	Keystroke
Open a Batch	**CTRL + O**
Close a Batch	**CTRL + L**
Suspend the Batch	**CTRL + S**
Delete the Batch	**CTRL + D**
Combine	**C**
Reject document or page	**CTRL + R** then press a number or type a rejection reason
Go to Next Document	**CTRL + P**
Go to Previous Document	**CTRL + SHIFT + B**
Split the Document	**S**
Delete the Document	**Delete Key**
Rotate left	**[**
Rotate Right	**]**
First Document	**CTRL + F**
Last Document	**CTRL + Shift + F**
Next Page	**CTRL + B**
Previous Page	**CTRL + Shift + B**
Exit	**ALT + F4**

Splitting Documents

9 Click on the page to split and click the **Split** button. The system will now move the page to a new book.

Merging Documents

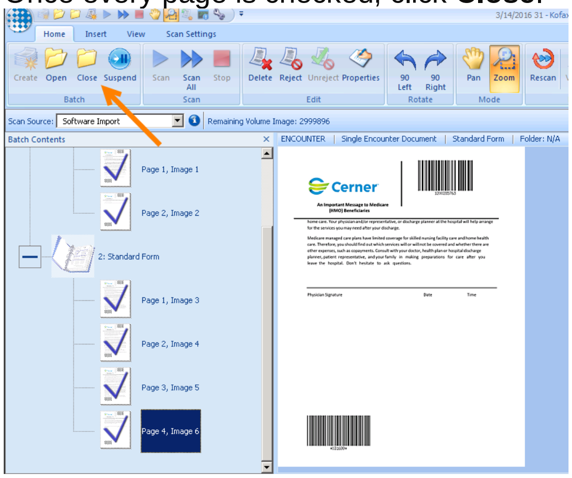
If you see a page belonging to the same document prior you will need to merge these to the same book as they belong together (only applies to multi-paged documents).

10 Click the page that you want to merge and drag and drop the page into the book in the correct sequence that you want it to display. The system will now move the pages to the same book.

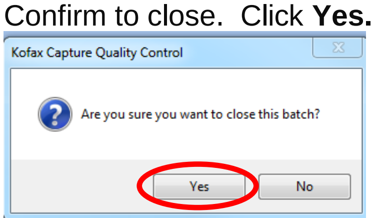
*Note: Always delete **Separator Sheets.***

Once every page is checked, click **Close**.

11

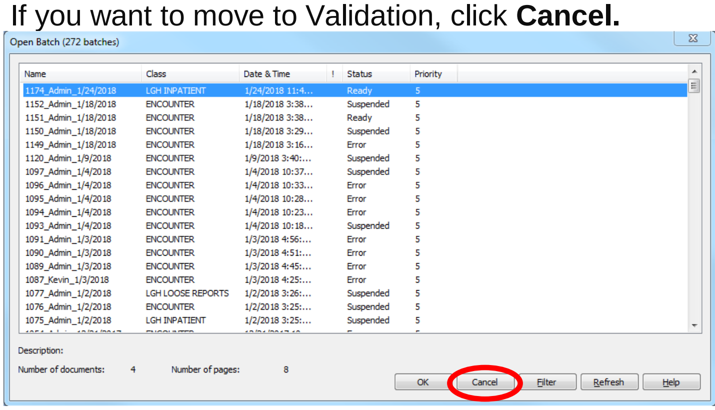


12 Confirm to close. Click **Yes.**

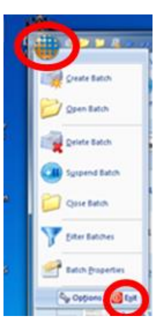


13 The Open Batch window will re-appear to allow you to continue QC'ing any other batches you scanned.

14 If you want to move to Validation, click **Cancel.**



15 Click on the round **Kofax button**  at the top left corner. Choose **EXIT.**

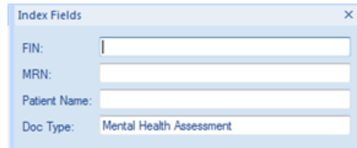


Activity 3.3 –Validation

Overview

The Validation module runs from Citrix. During this step, extracted values for patient information and document types are validated against the database and the documents are then indexed according to the following fields:

- FIN – Encounter Number
- MRN – Medical Record Number
- Patient Name – Last Name, First Name
- Document Type
  - ➢ A parent folder can consist of many document types. For example the parent folder 'Consent Procedure' will contain document types such as: Acute Care Services Consent – Surgical Operation, Special Operation, Special Procedure or Treatment and Special Considerations: Consent for Personal Health Information Access. Each WebForm Imprint form will have a parent folder name listed in the header.



Purpose of Validation:

- Review/validate the accuracy of the index boxes for the scanned documents in a batch with the database.
- The values in the index fields will be used to place the documents in the appropriate patient chart (on the correct encounter) under the appropriate document type.
- In Validation the system only allows the users to view the first page of each book since all images in a book belong to the same document type.

Validation Process:

- Index Fields are displayed on the left hand side of the screen.
- You should be ensuring that both patient information is correct as well as the appropriate document type selected.
- Document Types are extracted from the Document Type Barcodes and can be added or changed using the Document Type Search Window.
- Patients are extracted from the Patient Label and can be added or change using the Patient Search Window.

❖ There are two ways to process within Kofax Validation. This is determined based on the Batch Class:

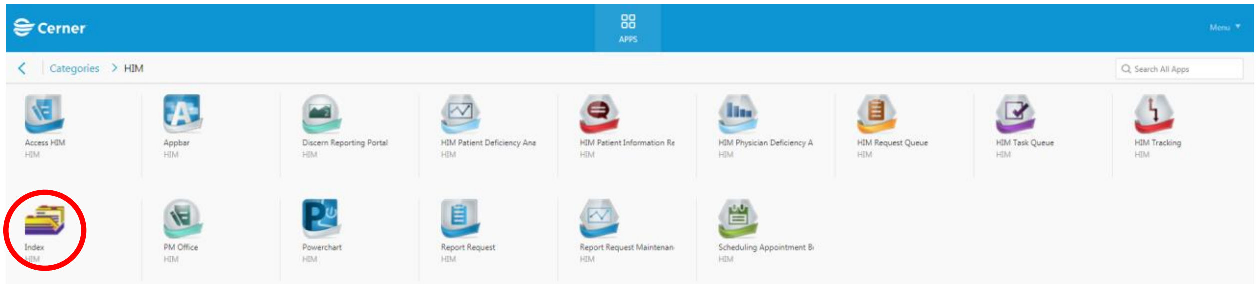
<u>Manual Validation:</u>

- ○ During manual validation, the user tabs through all the boxes and verifies information and matches the documents
- ○ The 1st page of each book will display when tabbing
- ○ Indexed data can be corrected, if necessary
- ○ Encounter search window or document type search window will open if there is missing information
- ○ After all documents have been tabbed through, module will ask to save and submit the batch.

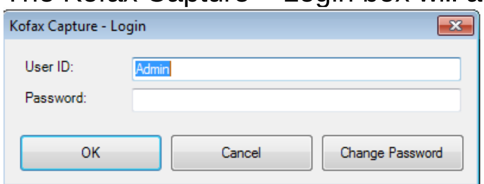
<u>Auto Process Documents:</u>

- ○ Automatically processes patient information and document type
- ○ Use only for the Inpatient or Ambulatory batch classes since documents could combine to wrong encounter if patient label didn't read properly
  - ➢ Risk - 1st page of new encounter document could append to last page of previous encounter document

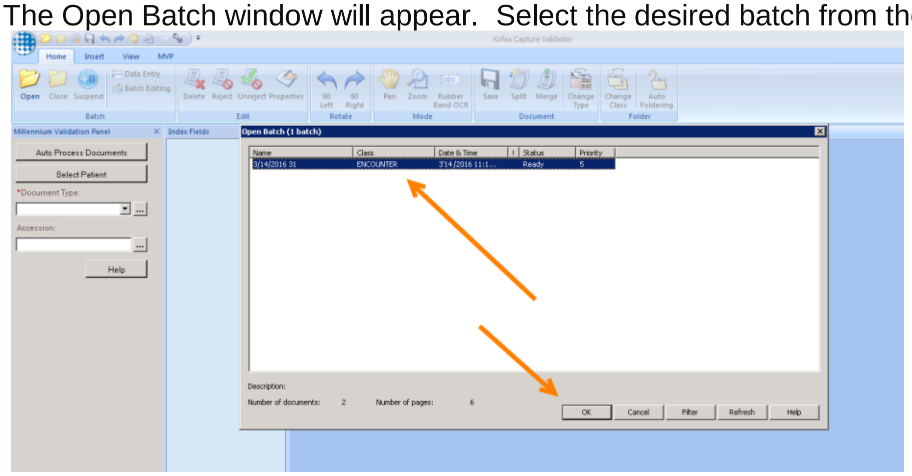
1 Launch via the Citrix StoreFront **Index** shortcut.



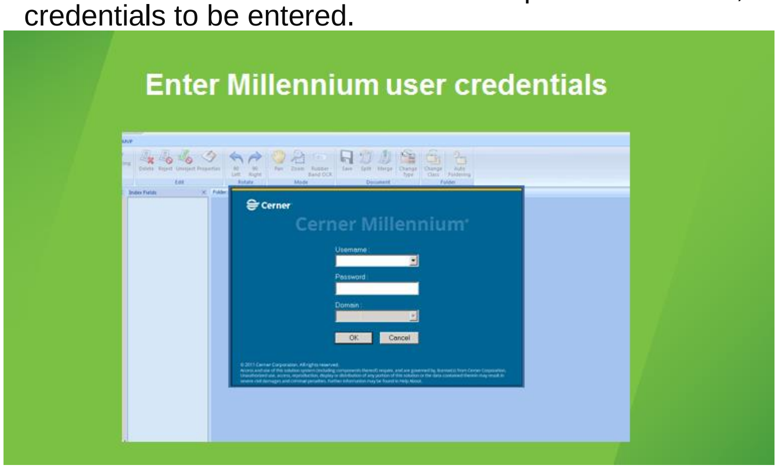
2 The Kofax Capture – Login box will appear. Enter User ID and Password – Click **OK**.



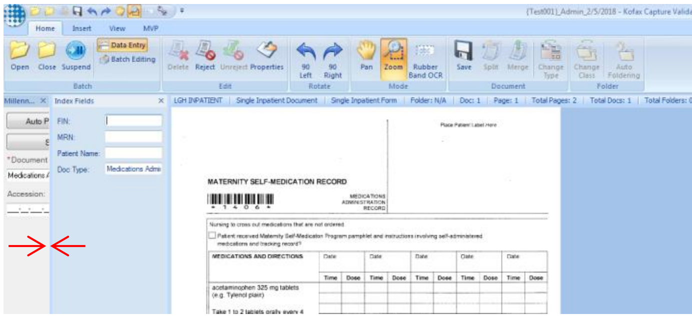
3 The Open Batch window will appear. Select the desired batch from the list. Click **OK.**

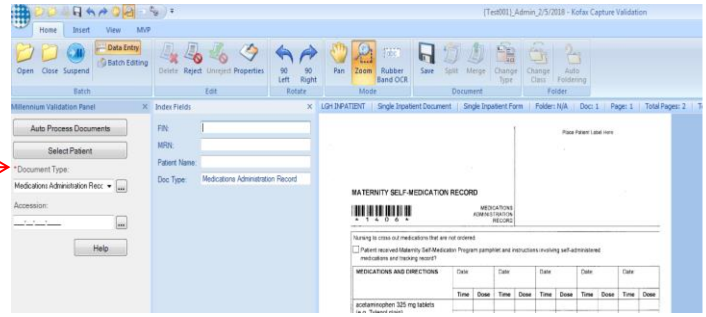


4 Enter Millennium user credentials if required. However, Single Sign-On should not require user credentials to be entered.

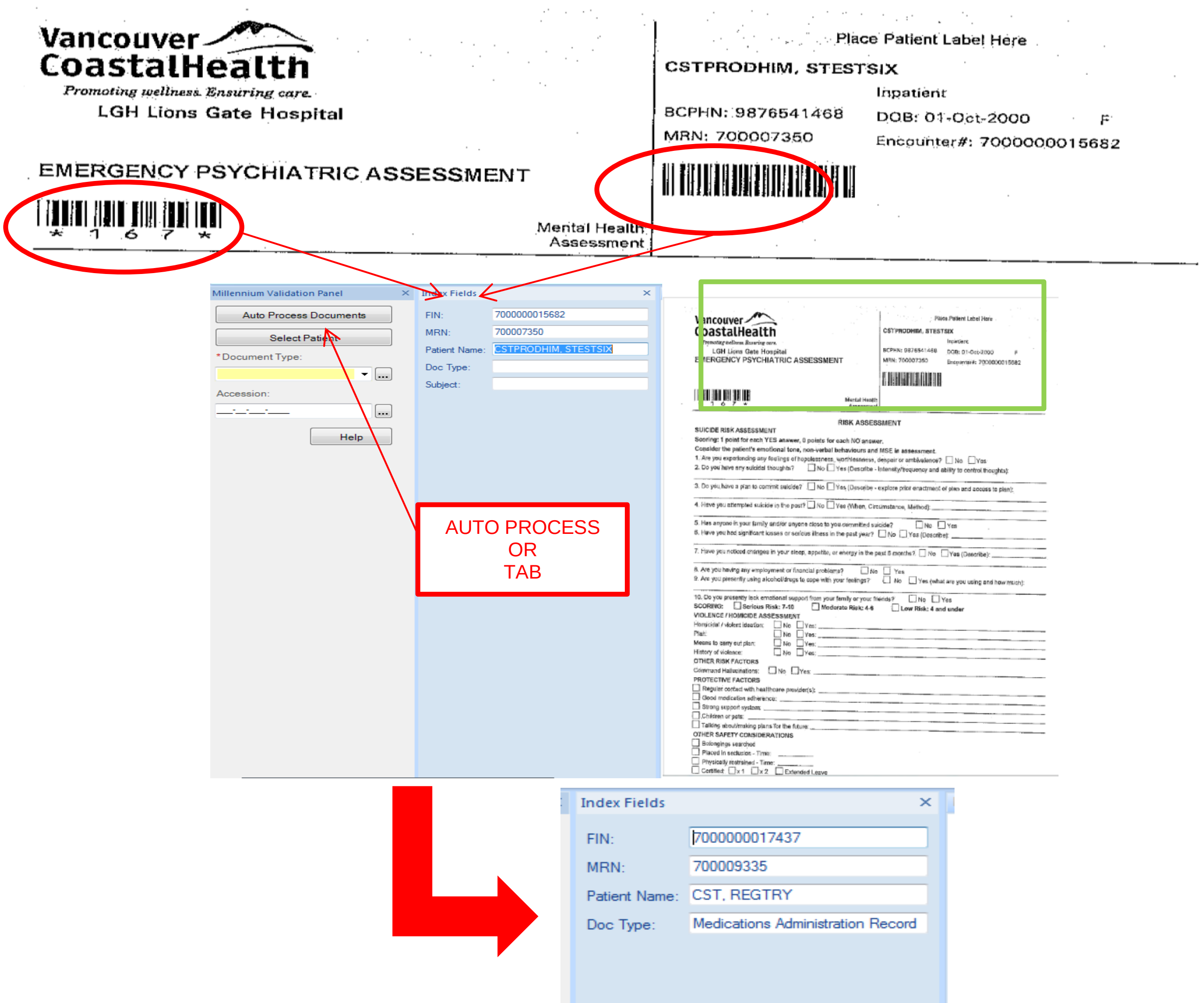


5 The window will display three panes, depending on your screen size, expand the panels using the click and drag function, so that you can see all the panes. Maximize your screen.



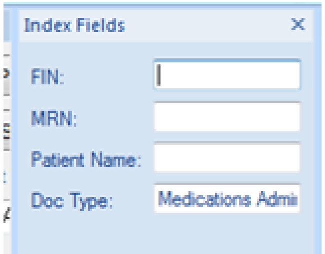


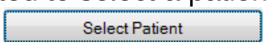
6 If all of the forms have both the document type barcode and patient barcode, and they are recognized, then these values will populate the **Index Fields** automatically.

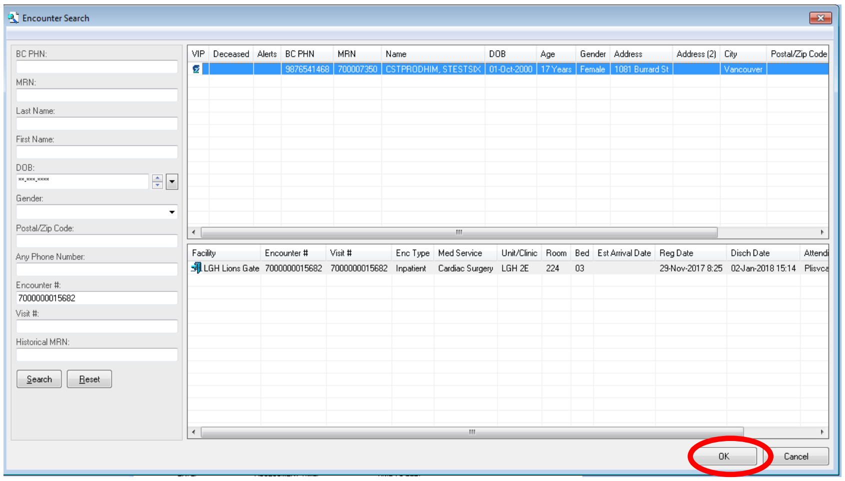


> *Note: There is an **Auto Process Documents** button which will automatically index the forms if all of the Index Fields were automatically populated.* It is at the discretion of the Records Management Manager to determine when an end user can begin to utilize the functionality of Auto Processing in the step of Validation."

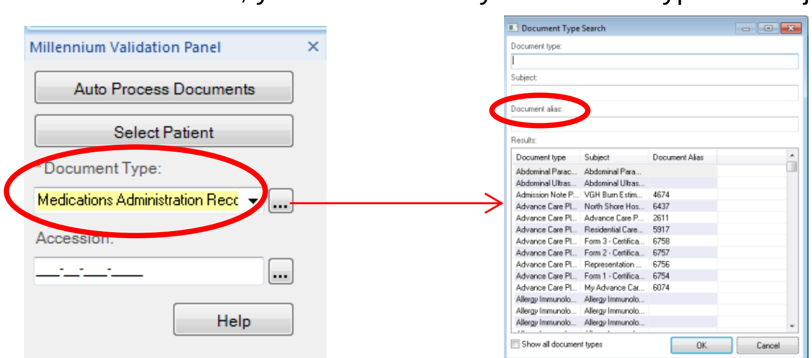
7 The system will then move to the next document that has missing fields. If there are NO barcodes or the barcodes were not recognized, you will have to **tab manually** through each Index Field and either **manually apply the MRN and/or the Document Type**



8 To manually Validate documents that have a document type barcode, but no patient barcode, you will be prompted to select a patient when you are in the blank MRN index Field or you click the **Select Patient** button  on the left-hand pane to confirm patient and select correct encounter from the **Encounter Search** window and click **OK.**



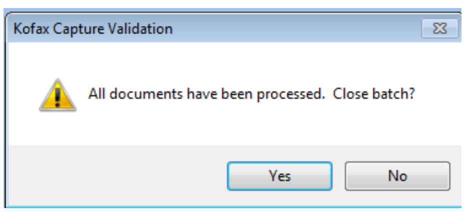
9 To manually Validate documents that do not have a Document Type barcode, you will be prompted to select a **Document Type** from the left-hand pane. Click on the ellipsis to do a Document Type Search. Under **Document Alias,** enter the number under the Document Type barcode if available. If the Document Alias is not available, you can search by Document Type or Subject.



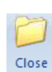
Note: You can adjust the document, if it does not appear in an upright position by using the ***Rotate*** *arrows.*

10 After all documents have been validated, click **Save.**

11 The Kofax Capture Validation window will appear. If you want to re-review, click **No**, if you want to move to the next batch click **Yes**.



To re-review, use the arrow buttons at the bottom of the screen to move through the documents. By hovering over the arrows there will be a description of what each arrow function is.

12 To end the session, click Close .

ACTIVITY 4 – Task Queue

Learning Objectives

At the end of this activity, you will be able to:

- Have an Overview of the Task Queue
- Identify Task Types associated with your role in HIM
- Set and View Task Queue Preferences / Options
- Manage the Assembly – Residential Task Queue (Pass/Complete a Task)
- Manage the Pre\Scan Reconciliation Task Queue (Pass/Transfer/Complete a Task)
- Change the Status / Remove / Add Encounter or Notes to a Task
- Preview and Print Reports

Overview

The Task Queue in HIM ProFile manages the creation, modification, and completion of tasks required by your organization to fulfill records management activities. Rules have been built for each patient encounter type so that the task queues are automatically created. The order of tasks can include prerequisites, for example, chart assembly/prep and scan must be completed prior to QA.

The following is a list of the available Task Types available in the Task Queue and the associated HIM roles:

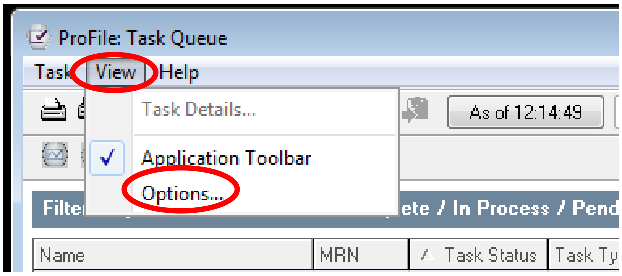
Task Type	HIM Role
Assembly - Residential	HIM Clerk III
Prep/Scan - Reconciliation	HIM Clerk III
QA – Day Surgery	HIM Clerk IV – Record Completion/QC
QA - Inpatient	HIM Clerk IV - Record Completion/QC
For Review	All HIM Roles, except Clerk IV - ROI

It is important to note the following:

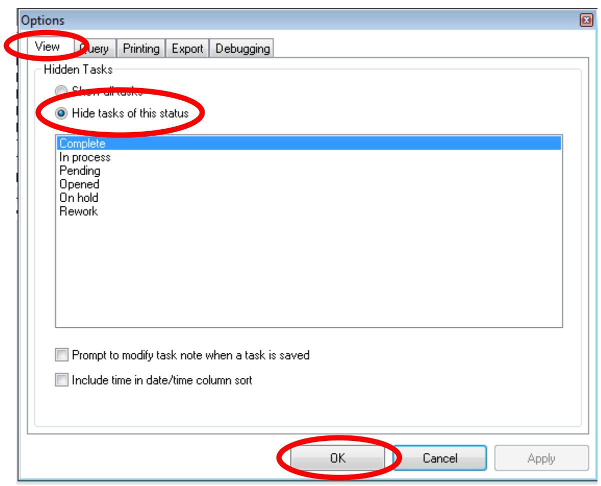
- For the **Assembly – Residential** task type, the Task Status will need to be manually changed to "Complete" after the paper chart has been assembled.
- The **Prep/Scan – Reconciliation** task type is to be used to reconcile any paper charts/chartlets that have not been prepped / scanned into the system.
    - The system has been built to *automatically* remove prep/scan tasks from the Task Queue after the system detects a Facesheet or an "I Have Been Scanned" document that is placed at the end of each patient encounter when scanned.
    - If after investigating, and there are no paper documents associated with an encounter, you can transfer the task to the applicable QA task.
    -

Activity 4.1 – Set and View Task Queue Preferences / Options

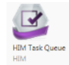
1 From the View menu select **Options**. The Options window is displayed.

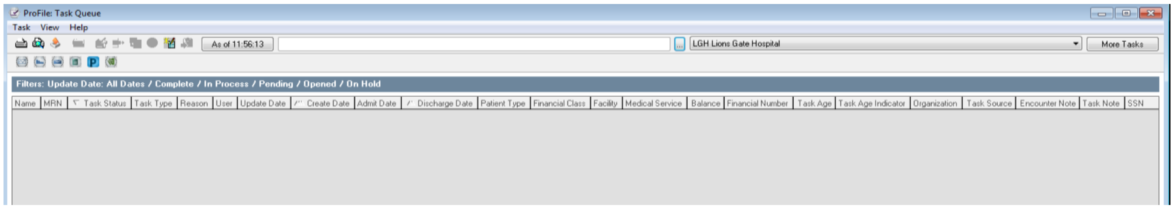


2 Task Queue preferences for HIM include filtering by Status. Under the **View** tab, select **Hide tasks of this status** and select **Complete**. This will set your preferences to only view outstanding tasks. Click **OK**.

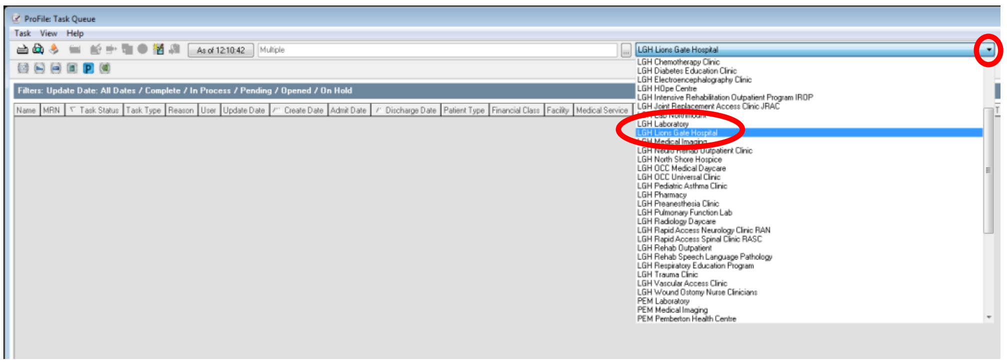


Activity 4.2 – View a Task Type

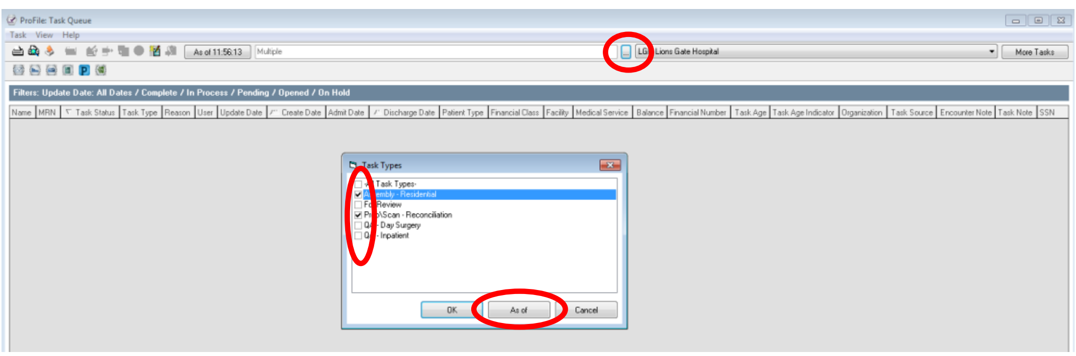
1. From the Citrix StoreFront, select the **Task Queue** icon  .
2. The ProFile Task Queue window will open and look similar to this.



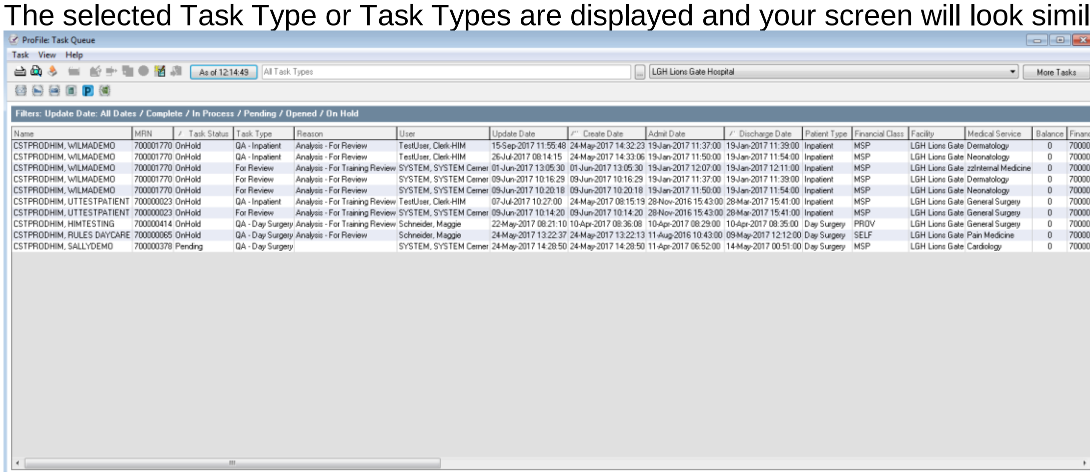
3. Select the Facility by clicking on the drop-down arrow. Facilities are listed in alphabetical order.



4. Click **Choose Task Type (…)** on the toolbar. The Task Types dialog box is displayed.
   Select the Task Type of **Assembly – Residential** and click **As of**.



5. The selected Task Type or Task Types are displayed and your screen will look similar to this.



Activity 4.3 – Manage the Asembly - Residential Task Queue

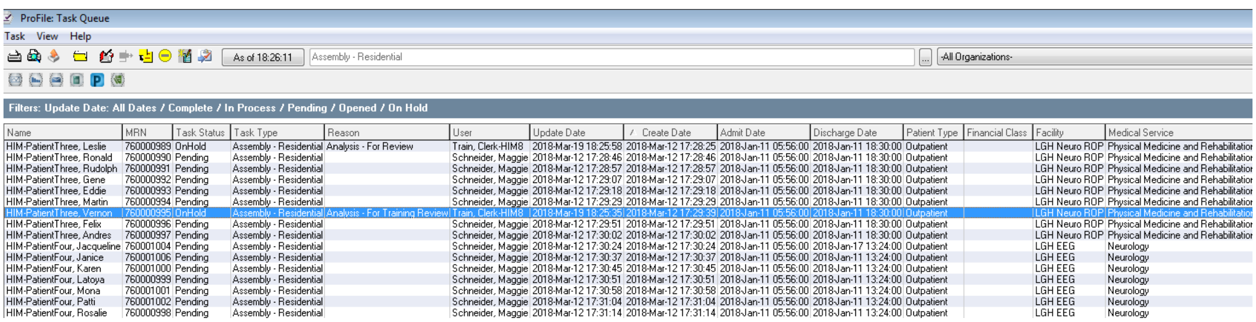
Residential (ECU) charts will remain in paper. They will continue to be assembled as we do today.

Utilize these tips to manage the Task Queue efficiently and easily:

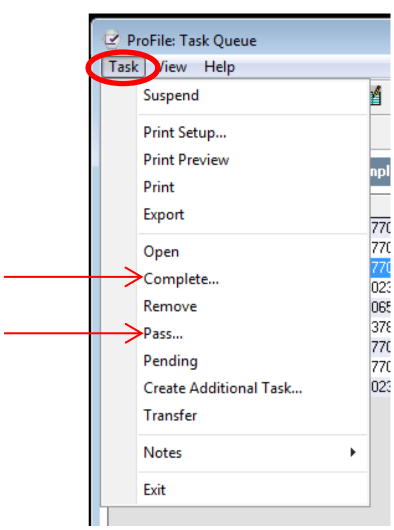
- Click a column heading to change the order in which the data is displayed (ascending/descending order). Always click on the Discharge Date column to show the oldest tasks at the top. These are the priority for following-up on and will be denoted with a red color under the **Task Age Indicator** if it is considered “overdue”.
- You can rearrange the column order by dragging and dropping the column headers to where you want them to display.
- Adjust the width of a column by clicking the line separating two column headings and dragging until the column is the size you want.

Change the Status of a Task

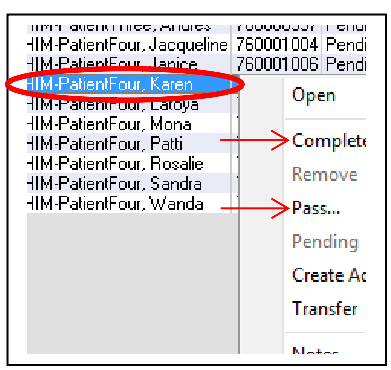
1 Once you have completed assembling a residential chart, you can change the status of the task. Select the task you want to change from the list of tasks displayed.



2 You can change the status by using the Task menu and selecting the status, right-clicking on the selected chart and select the status or by clicking on the buttons on the toolbar. For Assembly – Residential, you will only use either **Complete** or **Pass**.



OR



OR

Click **Pass on Task**

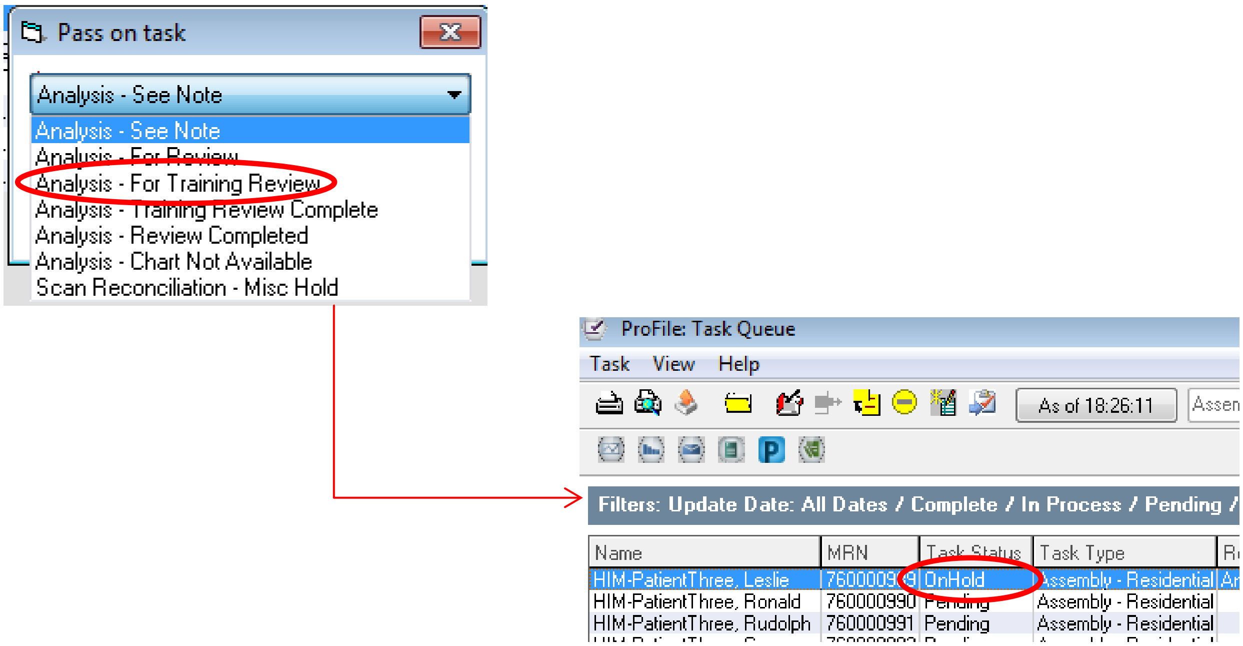
Click **Complete Task**

Passing a Task

You would select **Pass** on a task in the cases where the assembled residential chart requires someone else to analyze/check the assembly order (i.e. new staff in training).

1 To pass on a task, select the task from the Task Queue and click **Pass on Task** on the toolbar.

2 The Pass on task dialog box appears. Select a Pass on task reason and click **OK**. The task is displayed with a task status of **OnHold**.



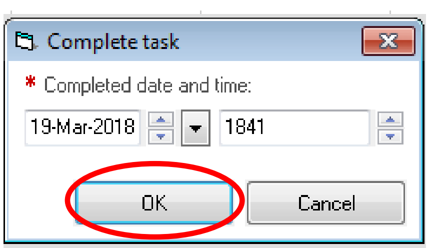
Note: After you refresh the application, the task status will change to On Hold.

Completing a Task

When you have completed assembly of the residential chart, you want to remove this from the Task Queue by changing the status to **Complete.**

1 To complete a task, select the task from the Task Queue and click **Complete Task** on the toolbar.

2 The Complete task dialogue box will appear with the Completed date and time. Click **OK.** The task will now drop out of the Task Queue.



Activity 4.4 – Manage the Prep\Scan Reconciliation Task Queue

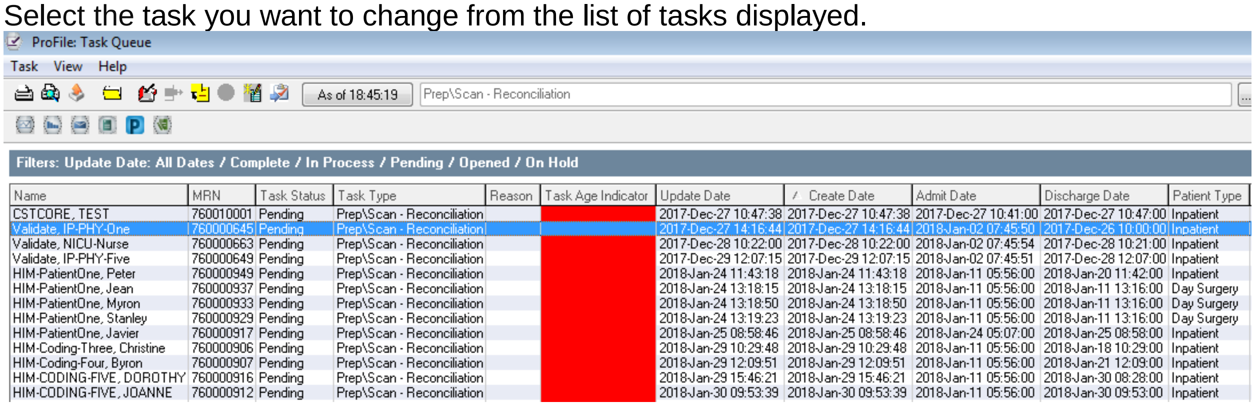
Most of the Pre\Scan tasks will automatically be completed as the paper chartlets/documents are scanned into the system.

However, in the cases where they are not automatically dropped out of the Task Queue, you will have to investigate further (i.e. no paper documents received, documents were scanned but didn't have a Facesheet or an "I Have Been Scanned" document).

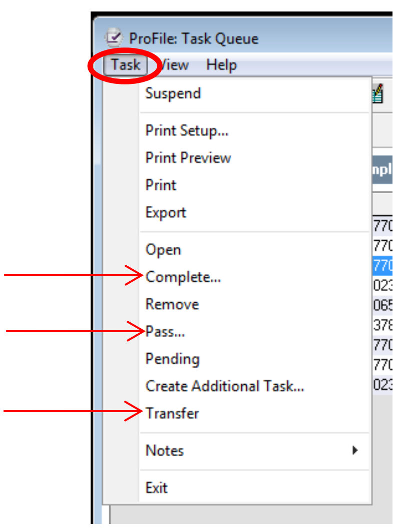
Of note, if you notice that the **Discharge Date is blank**, that indicates that this encounter has been cancelled and this task can be "Completed".

Change the Status of a Task

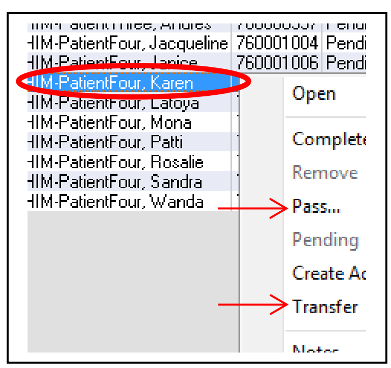
1 Select the task you want to change from the list of tasks displayed.



2 You can change the status by using the Task menu and selecting the status, right-clicking on the selected chart and select the status or by clicking on the buttons on the toolbar. For Pre\Scan Reconciliation, you will only use either **Pass** or **Transfer.**



OR



OR

Click **Complete on Task** 

Click **Pass on Task** 

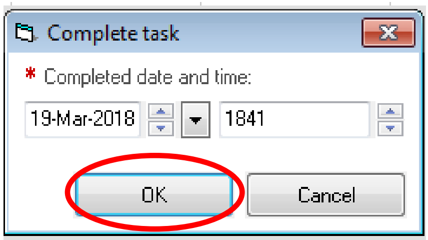
Click **Transfer Task** 

Completing a Task

Only Complete a task when the Discharge Date is blank, indicating that the encounter was cancelled.

1 To complete a task, select the task from the Task Queue and click **Complete Task** on the toolbar.

2 The Complete task dialogue box will appear with the Completed date and time. Click **OK.** The task will now drop out of the Task Queue.

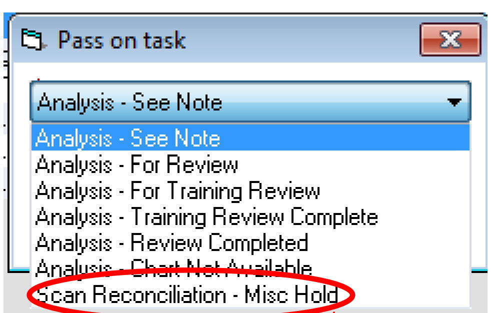


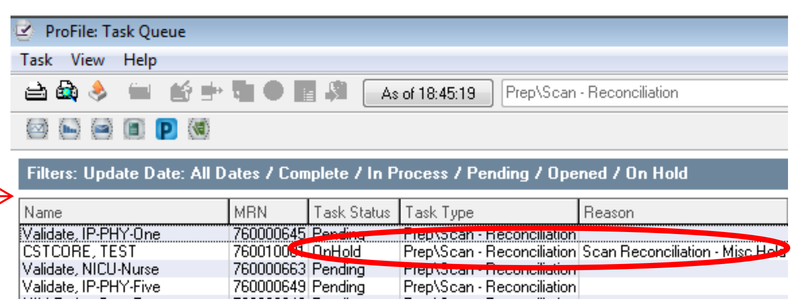
Passing a Task

You would select **Pass** on a task in the cases where the scanned documents requires someone else to do some further analysis/review.

1 To pass on a task, select the task from the Task Queue and click **Pass on Task** on the toolbar.

2 The Pass on task dialog box appears. Select a Pass on task reason and click **OK**. The task is displayed with a task status of **OnHold**.

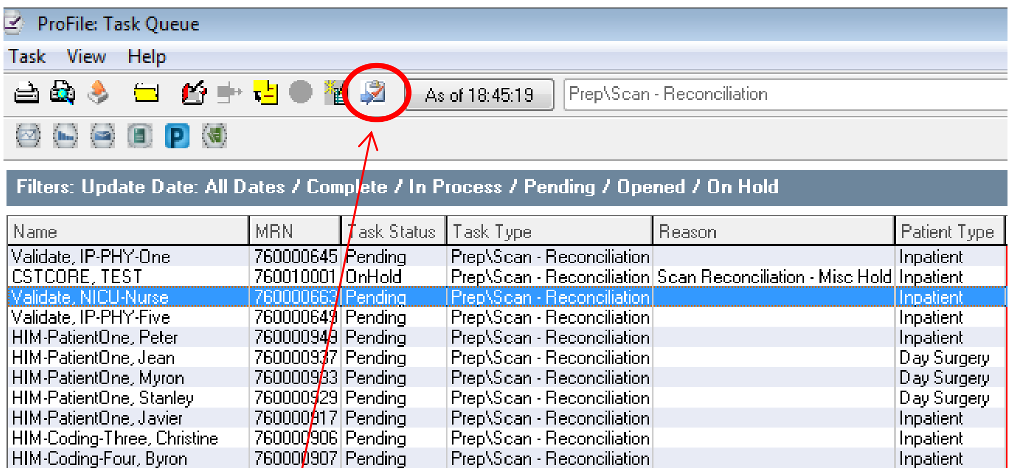




Transferring a Task

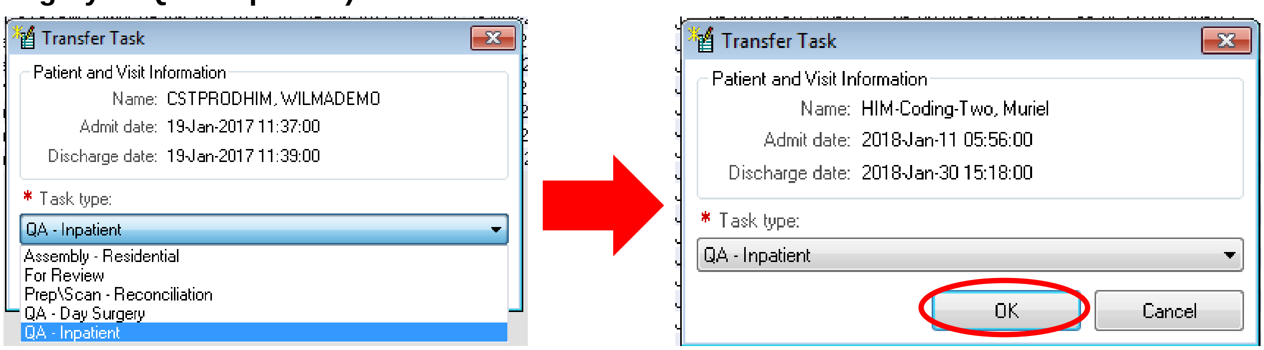
In the cases where there were no paper documents associated with a patient’s encounter, you would then transfer the task to **QA – Inpatient or QA – Day Surgery** dependent on the Patient Type.

1 To transfer a task from the Pre\Scan Reconciliation Task Queue to the QA Task Queue, select a task from the Task Queue.



2 Click **Transfer Task**  on the toolbar.

3 The Transfer Task dialogue box will appear. From the Task type list select the new task type (**QA-Day Surgery or QA – Inpatient)**. Click **OK**.

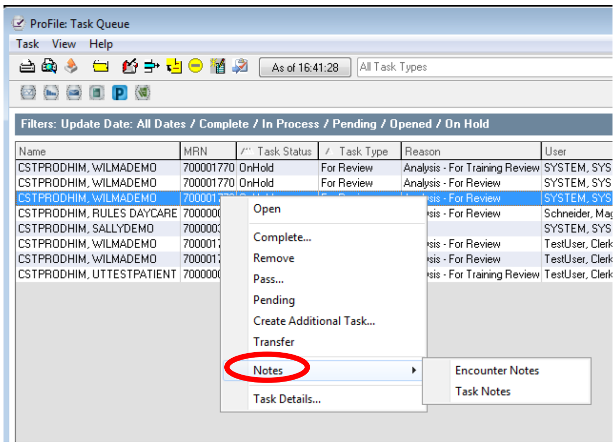


Note: The system allows you to transfer tasks in a Pending and On Hold status.

Activity 4.5 – Add Encounter or Notes to a Task

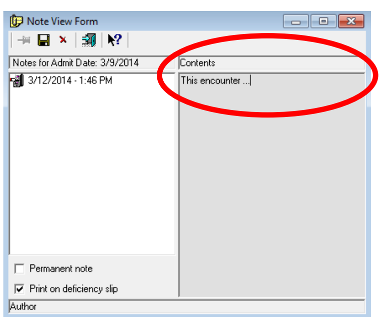
1 To add an encounter or task note to a task, select a task from the queue.

2 Right-click and select **Notes** > **Encounter Notes** or **Task Notes**.

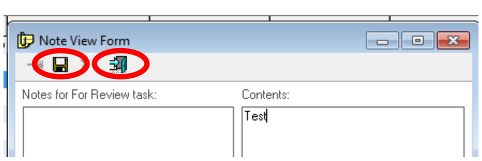


3 The **Note View Form** is displayed. Enter the note in the **Contents** pane.

- If necessary, select the **Permanent Note.**



4 Click **Save**, then **Exit** on the toolbar.

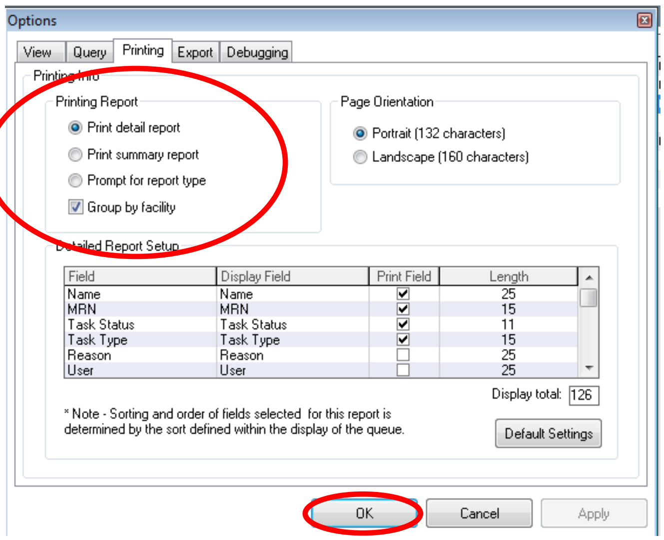


5 View the note in the **Notes for Review Task** pane.

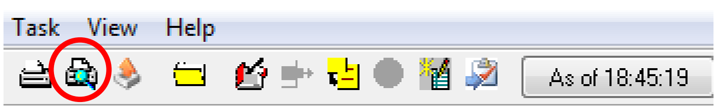
Activity 4.6 – Previewing and Printing Reports

1 From the View menu select **Options**. The Options window is displayed.

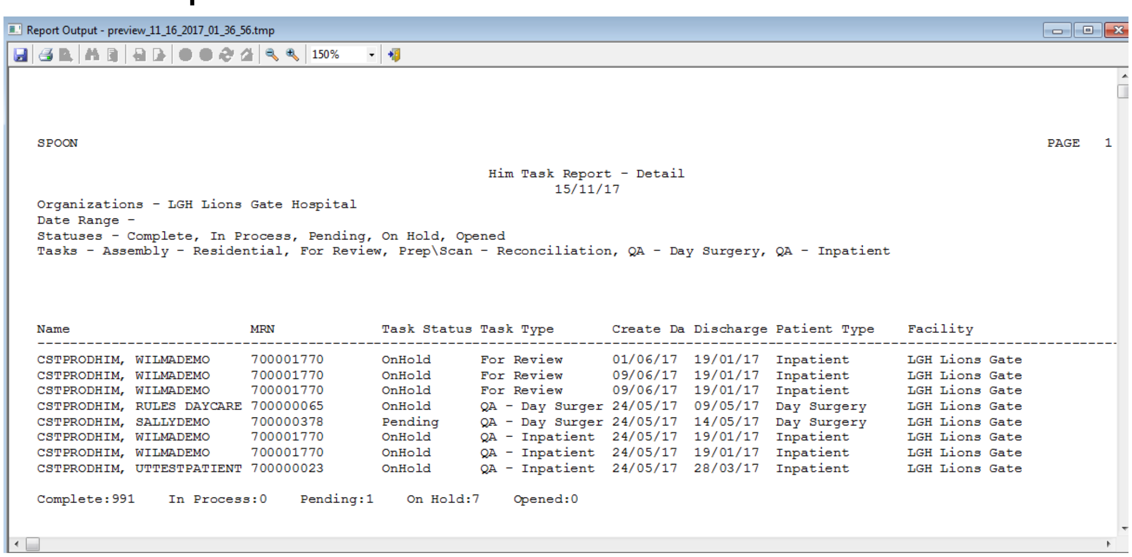
2 Click the **Printing** tab and select **Print Detail Report** or **Print Summary Report.** Click **OK.**



3 To preview the report click **Print Preview**  on the toolbar.



The **Detail Report** will look similar to this.



SPOON PAGE 1

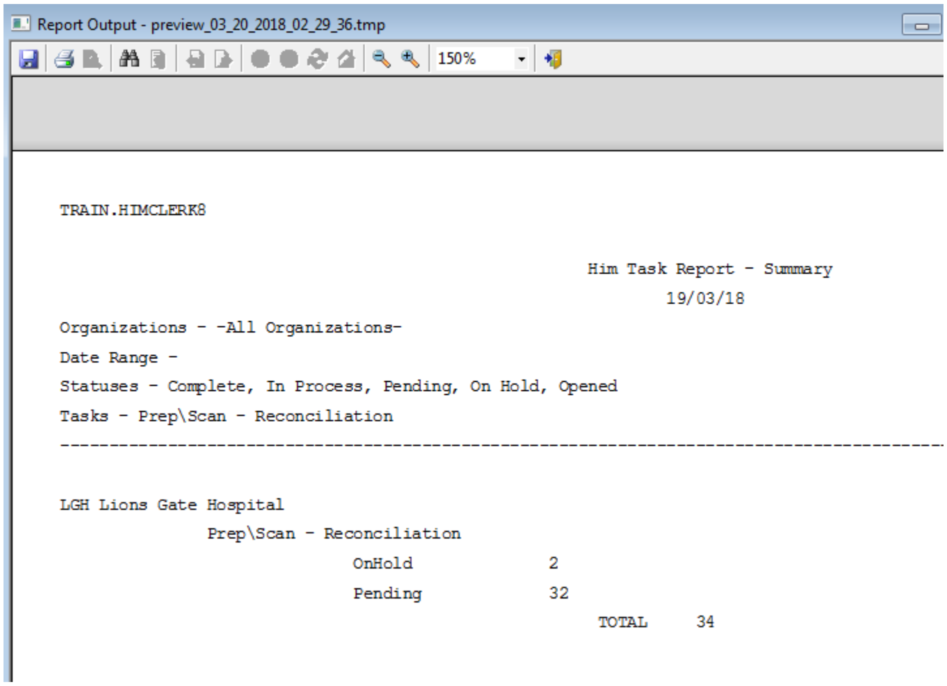
Him Task Report - Detail
15/11/17

Organizations - LGH Lions Gate Hospital
Date Range -
Statuses - Complete, In Process, Pending, On Hold, Opened
Tasks - Assembly - Residential, For Review, Prep\Scan - Reconciliation, QA - Day Surgery, QA - Inpatient

Name	MRN	Task Status	Task Type	Create Da	Discharge	Patient Type	Facility
CSTPRODHIM, WILMADEMO	700001770	OnHold	For Review	01/06/17	19/01/17	Inpatient	LGH Lions Gate
CSTPRODHIM, WILMADEMO	700001770	OnHold	For Review	09/06/17	19/01/17	Inpatient	LGH Lions Gate
CSTPRODHIM, WILMADEMO	700001770	OnHold	For Review	09/06/17	19/01/17	Inpatient	LGH Lions Gate
CSTPRODHIM, RULES DAYCARE	700000065	OnHold	QA - Day Surger	24/05/17	09/05/17	Day Surgery	LGH Lions Gate
CSTPRODHIM, SALLYDEMO	700000378	Pending	QA - Day Surger	24/05/17	14/05/17	Day Surgery	LGH Lions Gate
CSTPRODHIM, WILMADEMO	700001770	OnHold	QA - Inpatient	24/05/17	19/01/17	Inpatient	LGH Lions Gate
CSTPRODHIM, WILMADEMO	700001770	OnHold	QA - Inpatient	24/05/17	19/01/17	Inpatient	LGH Lions Gate
CSTPRODHIM, UTTESTPATIENT	700000023	OnHold	QA - Inpatient	24/05/17	28/03/17	Inpatient	LGH Lions Gate

Complete:991 In Process:0 Pending:1 On Hold:7 Opened:0

The **Summary Report** will look similar to this.


Report Output - preview_03_20_2018_02_29_36.tmp

150%

TRAIN.HIMCLERK8

Him Task Report - Summary

19/03/18

Organizations - -All Organizations-

Date Range -

Statuses - Complete, In Process, Pending, On Hold, Opened

Tasks - Prep\Scan - Reconciliation

LGH Lions Gate Hospital

Prep\Scan - Reconciliation

OnHold	2
Pending	32
TOTAL	34

4 To print directly from the report preview click **Print** on the toolbar.

- You can also click **Print** from the toolbar of the Task Queue.