

SELF-GUIDED PRACTICE WORKBOOK [N64]
CST Transformational Learning

WORKBOOK TITLE:

Provider: Laboratory Pathologist

TABLE OF CONTENTS

- Provider: Laboratory Pathologist 1
- TABLE OF CONTENTS 2
- SELF-GUIDED PRACTICE WORKBOOK 3
- Using Train Domain 4
- PATIENT SCENARIO 1 - Access and Navigation 5
 - Activity 1.1 – Log In and Access the Patient Chart..... 6
 - Activity 1.2 – Familiarization with the Patient Chart..... 9
 - Activity 1.3 – Review of Collateral Information 12
 - Activity 1.4 – Labs and Diagnostics 19
 - Activity 1.5 – Infection Prevention Summary 28
 - Activity 1.6 – Creating a Document..... 30

SELF-GUIDED PRACTICE WORKBOOK

Duration	2 hours
Before getting started	<ul style="list-style-type: none"> ■ Sign the attendance roster (this will ensure you get paid to attend the session). ■ Put your cell phones on silent mode.
Session Expectations	<ul style="list-style-type: none"> ■ This is a self-paced learning session. ■ A 15 min break time will be provided. You can take this break at any time during the session. ■ The workbook provides a compilation of different scenarios that are applicable to your work setting. ■ Work through different learning activities at your own pace
Key Learning Review	<ul style="list-style-type: none"> ■ At the end of the session, you will be required to complete a Key Learning Review ■ This will involve completion of some specific activities that you have had an opportunity to practice through the scenarios.

■ Using Train Domain

You will be using the train domain to complete activities in this workbook. It has been designed to match the actual Clinical Information System (CIS) as closely as possible.

Please note:

- Scenarios and their activities demonstrate the CIS functionality **not the actual workflow**
- Some clinical scenario **details have been simplified** for training purposes
- Some screenshots may not be identical to what is seen on your screen and should be used for reference purposes only
- **Follow all steps** to be able to complete activities
- If you have trouble to follow the steps, immediately **raise your hand for assistance** to use classroom time efficiently

PATIENT SCENARIO 1 - Access and Navigation

Learning Objectives

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

-  Log on to the Clinical Information System (CIS)
-  Access patient charts and identify correct encounters
-  Navigate the default home page
-  Navigate and review chart components
-  Document consultation notes and recommendations

SCENARIO

In this scenario, a colleague from hematology has called you with a request to investigate findings on a patient of theirs. The patient is a 38 year old male who was seen with a history of fever, chills, and general fatigue over the past several weeks. Bloodwork has been irregular for the last few months and recent hematology has shown a markedly decreased white blood cell count as well as neutropenia. A bone marrow aspirate and biopsy was also conducted. Your colleague is concerned regarding lymphoma as a new diagnosis.

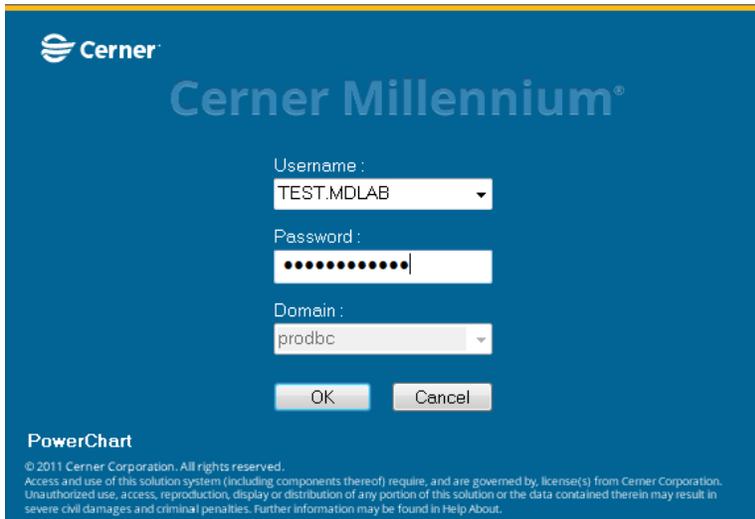
You agree to examine the results as well as conduct a review of the patient chart to gain any important collateral information that may assist with diagnosis and treatment.

As a lab pathologist you will be completing the following activities:

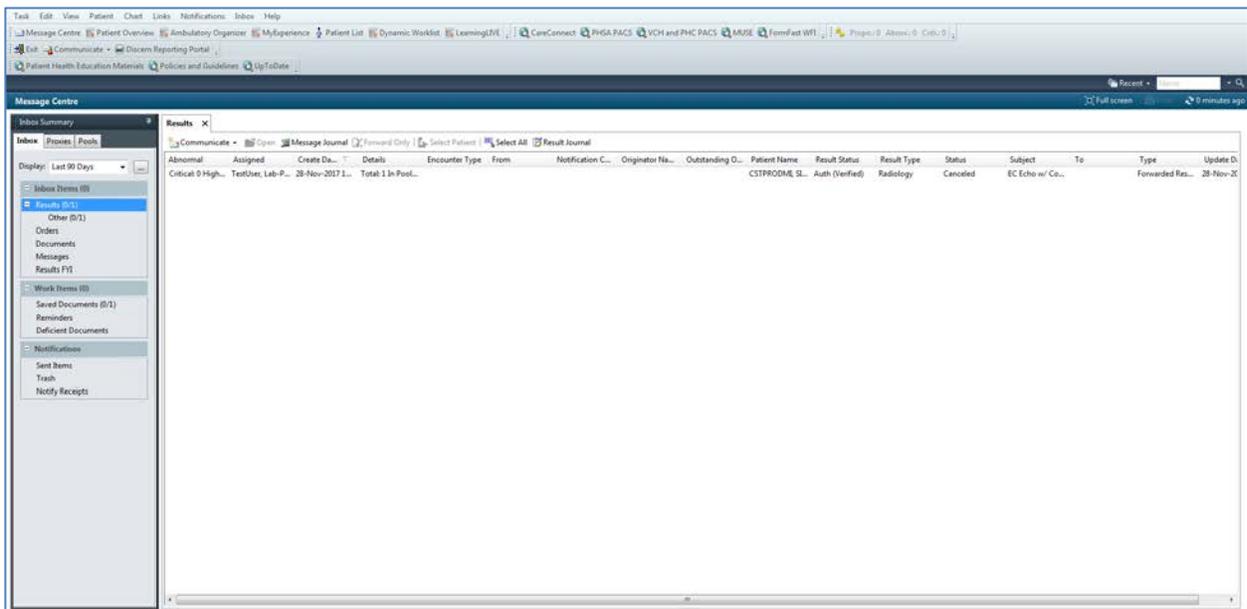
-  Log on to the Clinical Information System (CIS)
-  Access patient charts and identify correct encounters
-  Familiarize yourself with the CIS layout
-  Familiarize yourself with your default home page
-  Navigate the chart components
-  Navigate the Lab Results Trending view
-  Create, edit, and forward a note using Dynamic Documentation

Activity 1.1 – Log In and Access the Patient Chart

1 Ensure you are logged in with the provided Username and Password.



2 **Landing Page**
Your landing page will be **Message Centre**.



NOTE: Most providers will interact with Message Centre multiple times a day, receiving information like results, order proposals, and patient notifications within this view. As a Laboratory Pathologist, it is not expected that you will need to utilize the Message Centre functions; therefore it will not be explored in this workbook.

If you decide to investigate the Message Centre in depth, you can access the Quick Reference Guide (QRG) that has been created to help you familiarize yourself with its functionality.

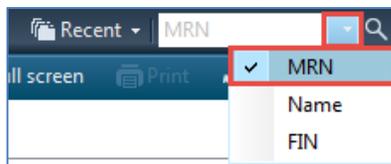
3 Patient Search

Your colleague has provided you with both the patient’s name and MRN. You can use either piece of information to begin searching for patients.

- Navigate up to the patient search box in the upper-right corner of the page.



- Type in [patient]’s name and click the magnifying glass icon to search.
 - If only an MRN is provided, click the drop down arrow beside the name search box and select MRN to change the search criteria to MRN.



4 Correct Patient and Encounter

Select the correct patient and encounter from the results list

VIP	Deceased	Alerts	BC PHN	MRN	Name	DOB	Age	Gender	Address	Address (2)	City	Postal/Zip Code	Home Ph
			9876541063	700007377	CST-TTT, SHERIE	17-Jan-1938	79 Years	Female	590 W 8th Ave		Vancouver		
			9876541056	700007378	CST-TTT, DEANNE	18-Jan-1942	75 Years	Female	590 W 8th Ave		Vancouver		
			9876541049	700007379	CST-TTT, PASCAL	18-Jan-1943	74 Years	Male	590 W 8th Ave		Vancouver		
			9876541031	700007380	CST-TTT, GARFIELD	21-Jan-1937	80 Years	Male	590 W 8th Ave		Vancouver		
			9876541024	700007381	CST-TTT, JACKLYN	22-Jan-1944	73 Years	Female	590 W 8th Ave		Vancouver		
			9876541017	700007382	CST-TTT, LANEY	01-Feb-1949	68 Years	Female	590 W 8th Ave		Vancouver		
			9876540996	700007383	CST-TTT, DEEPIKA	02-Feb-1951	66 Years	Female	590 W 8th Ave		Vancouver		
			9876540989	700007384	CST-TTT, YANG	01-Jan-1948	69 Years	Male	590 W 8th Ave		Vancouver		
			9876540839	700007397	CST-TTT, BIRGIR	01-Jan-1940	77 Years	Male	590 W 8th St		Vancouver		
			9876540821	700007398	CST-TTT, KAPENA	03-Mar-1950	67 Years	Male	590 W 8th Ave		Vancouver		
			9876540807	700007399	CST-TTT, THALIA	01-Jan-1935	82 Years	Female	590 W 8th Ave		Vancouver		
			9876540799	700007400	CST-TTT, VALERIE	01-Jan-1938	79 Years	Female	590 W 8th Ave		Vancouver		
			9876540781	700007402	CST-TTT, KIMBERLY	01-Jan-1942	75 Years	Female	590 W 8th Ave		Vancouver		

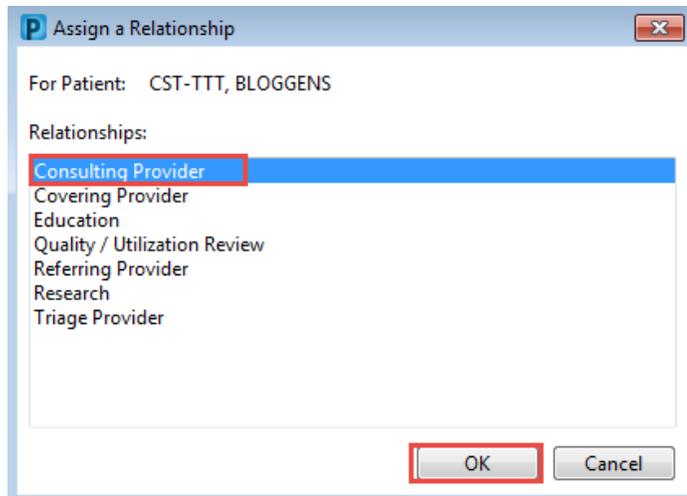
Facility	Encounter #	Visit #	Enc Type	Med Service	Unit/Clinic	Room	Bed	Est Arrival Date	Reg Date	Disch Date
LGH Lions Gate	7000000013481	7000000013548	Inpatient	Cardiology	LGH 7E	7EL	04	15-Nov-2017 10:00	14-Nov-2017 11:05	
LGH Lions Gate	7000000012224	7000000012231	Outpatient	Respirology	LGH PF Lab	Exam Room 3		19-Oct-2017 9:00	19-Oct-2017 15:12	19-Oct-2017 21:44
LGH Lions Gate	7000000011922	7000000011989	Inpatient	General Internal Medicine	LGH MTR	MTR Wait	24		13-Oct-2017 10:02	19-Oct-2017 22:10
LGH Lions Gate	7000000011836	7000000011903	Inpatient	Hospitalist Medicine	LGH MTR	MTR Wait	24		12-Oct-2017 9:47	19-Oct-2017 21:43

- Click on the correct patient from the results list of names. A list of encounters will appear in the field below.
- Examine the details of the **encounter** to ensure it is correct.
- Click **OK**.



NOTE: Several encounters can be active at the same time. Remember “Right Patient, Right Encounter.”

5 Assign a Relationship



When opening a patient chart, the Clinical Information System (CIS) requires you to create a relationship.

- Additional step for ensuring patient privacy and correct patient selection.
 - Depending on your role, relationships can last for an encounter (ex. consulting providers), a shift (ex. bedside nurse), or even be a lifetime relationship (ex. general practitioner).
1. Choose **Consulting Provider** and click **OK** to open the patient chart.

Key Learning Points

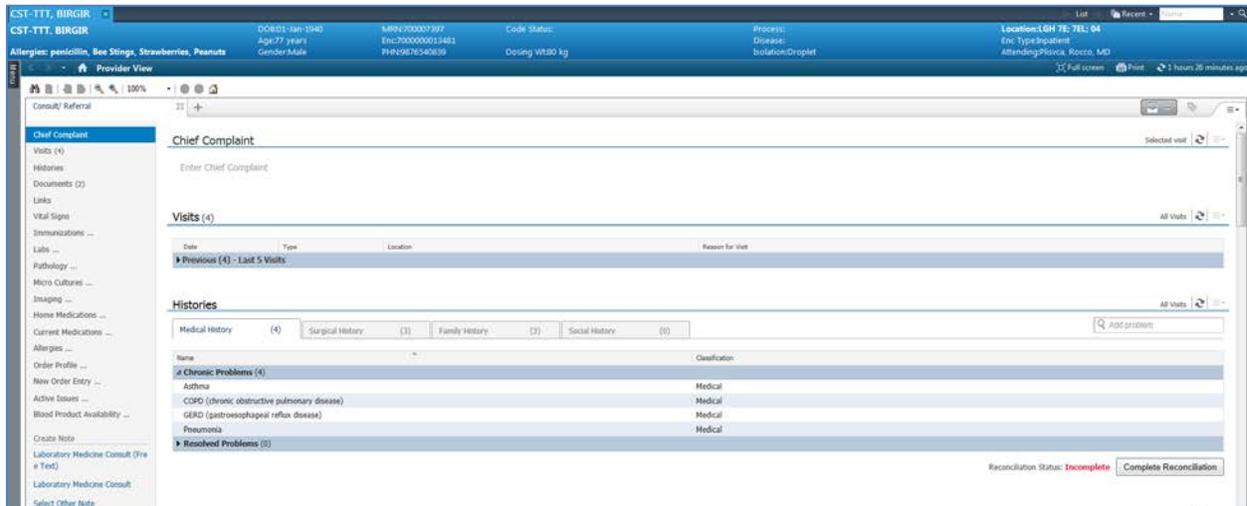
- Patients can be searched for using name or MRN and the search box can be changed to accommodate either option.
- Patients can have more than one actively open encounter at a time.

Activity 1.2 – Familiarization with the Patient Chart

This activity will give you a brief overview of the broad elements in a patient chart before exploring more interactively.

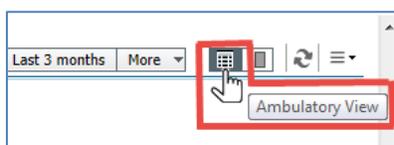
1 Single Patient Chart and Provider View

The chart will open to the **Provider View** page.



This is your default landing page for all patient charts and contains several different components used to both review patient information and actively complete work within the system.

These may be referred to as Summary views and Workflow views depending on their function. Users can use their mouse pointer and “**hover to discover**” details about different icons, headings, or links by holding their pointer over the desired aspect of the element in question.



2 Banner Bar

The **Banner Bar** is located at the top of the screen. It displays demographic data, alerts, information about patient’s location, and current encounter.



1. Move your mouse pointer over each piece of information contained in the Banner Bar and note when the pointer changes from an arrow icon  to a hand icon .

This means the piece of information is interactive and can be clicked on for a snapshot of convenient information that does not require you to change pages or views to see.

- Click on **Enc Type** to open a window containing a summary of all patient encounters.

Encounter Type	Location	Admit Date	Discharge Date
Inpatient	LGH 7E 7EL 04	14-Nov-2017 11:05 PST	
Outpatient	LGH PF Lab Exam Room 3	19-Oct-2017 15:12 PDT	19-Oct-2017 21:44 PDT
Inpatient	LGH MTR MTR Wait 24	13-Oct-2017 10:02 PDT	19-Oct-2017 22:10 PDT
Inpatient	LGH MTR MTR Wait 24	12-Oct-2017 09:47 PDT	19-Oct-2017 21:43 PDT

GENERAL INFORMATION

Full Name: CST-TTT, BIRGIR EMC:

Reg Date/Time: 14-Nov-2017 11:05 PST EMC Phone:

D.O.S.: 20.1 Fin Number: 7000000013481

Nurse Unit: LGH 7E

Room: 7EL

OK Cancel

From here, you can review all other encounter types and verify that you have selected the correct encounter. You can also quickly choose to open a different encounter from this window if desired.

- Click on **Cancel** to close the window, since you are not changing encounters.



NOTE: Along the **Banner Bar** that there are three **Alert** categories that can be populated with important information.

Process:
 Disease:
 Isolation: Contact

- Process** - Things of special note to clinical and other staff like violence risk, falls, risk, or difficult airway.
- Disease** - A coded list of diseases that only ICP can add to or remove. **This is a multi-select list and will follow patient charts across encounters.**
- Isolation** – Isolation types that stem from isolation orders. This is **single-select list and will not follow a patient across encounters**

Below the Banner Bar, note the **Refresh** icon  and timer showing how long ago the information on your screen was last updated. Refresh pages regularly and after completing tasks to ensure that your entries are up to date.

List Recent Name 🔍

Location: LGH 7E; 7EL; 04
 Enc Type: Inpatient
 Attending: Plisvca, Rocco, MD

Full screen Print 🔄 1 hours 44 minutes ago

3 Components

On the left side of the screen is a list of components. These may differ depending on your specialty.

You can scroll through the list of components or click on the name of a specific component to review clinical information documented.

Provider View

Consult/ Referral

Chief Complaint

Selected visit

Fever, chills, and general malaise

TestUser, Lab-Physician, MD 29/11/17 11:35

Visits (4)

All Visits

Date	Type	Location	Reason for Visit
Previous (4) - Last 5 Visits			
14/11/17 11:05	Inpatient	LGH Lions Gate LGH 7E 7EL 04	Hemiarthroplasty shoulder
19/10/17 15:12	Outpatient	LGH Lions Gate LGH PF Lab Exam Room 3	SOB
13/10/17 10:02	Inpatient	LGH Lions Gate LGH MTR MTR Wait 24	Shortness of breath
12/10/17 09:47	Inpatient	LGH Lions Gate LGH MTR MTR Wait 24	Shortness of breath

Histories

All Visits

Key Learning Points

- Almost all aspects of your workflow that take place in the Clinical Information System (CIS) can be completed within Provider View
- Use the Refresh function regularly and after completing actions to update your view of the chart
- Components can either be scrolled through in order or can be clicked on from the components list to jump to the desired selection

Activity 1.3 – Review of Collateral Information

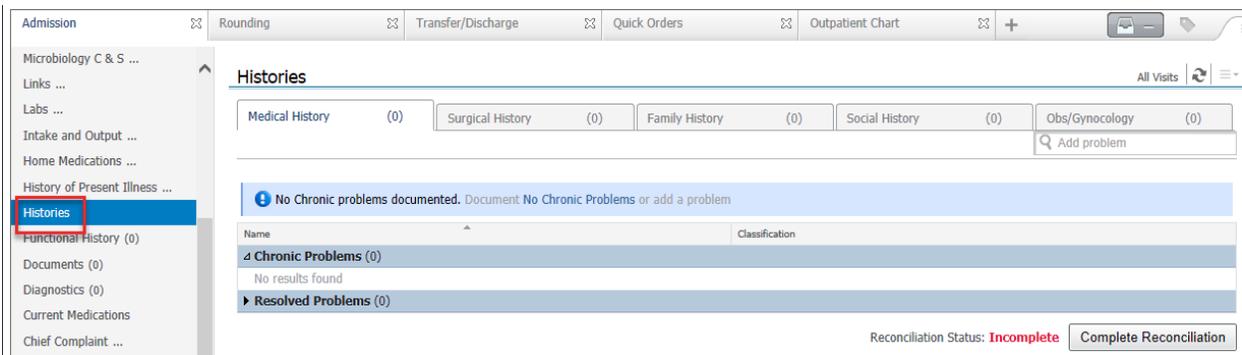
As you have been asked by your colleague to review the patient’s chart, you will now begin by accessing several components of the chart to search for information relevant to the consult note you intend to write.

You may choose to scroll through all components, but functionality of many different components is the same; therefore you will not be tasked with exploring all components listed in the left hand column.

1

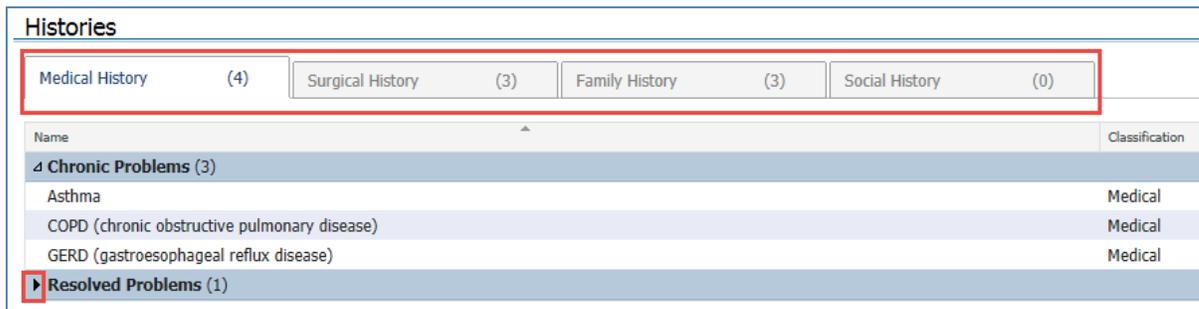
Review Histories

1. Click on the **Histories** band within the components list to bring the Histories component to the top of the page.

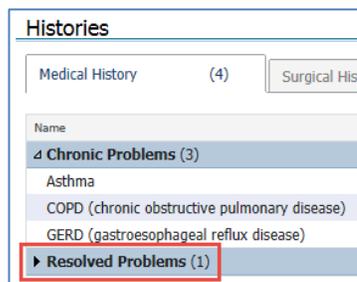


Histories is divided into four sections: medical, surgical, family, and social history.

2. Click on each of the **tabs** to review any previously recorded patient history within that section.



3. Subsections of Histories that are collapsed can be expanded clicking on the subsection title.



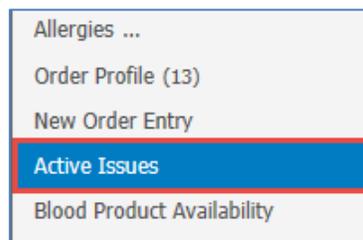


NOTE: You have the functionality to add to, remove from, or modify Histories. However, as a Laboratory Pathologist, this will not be a function expected of you, so it has not been shown.

If you happen to practice as any other type of provider other than Laboratory Pathologist and wish to alter patient histories, diagnoses, or place orders, you will have to do so under your other provider profile using the provider’s My Experience function. This function will be further explained prior to the CIS go-live date.

2 Review Active Issues

1. Click on the **Active Issues** band within the components list to bring the Active Issues component to the top of the page.

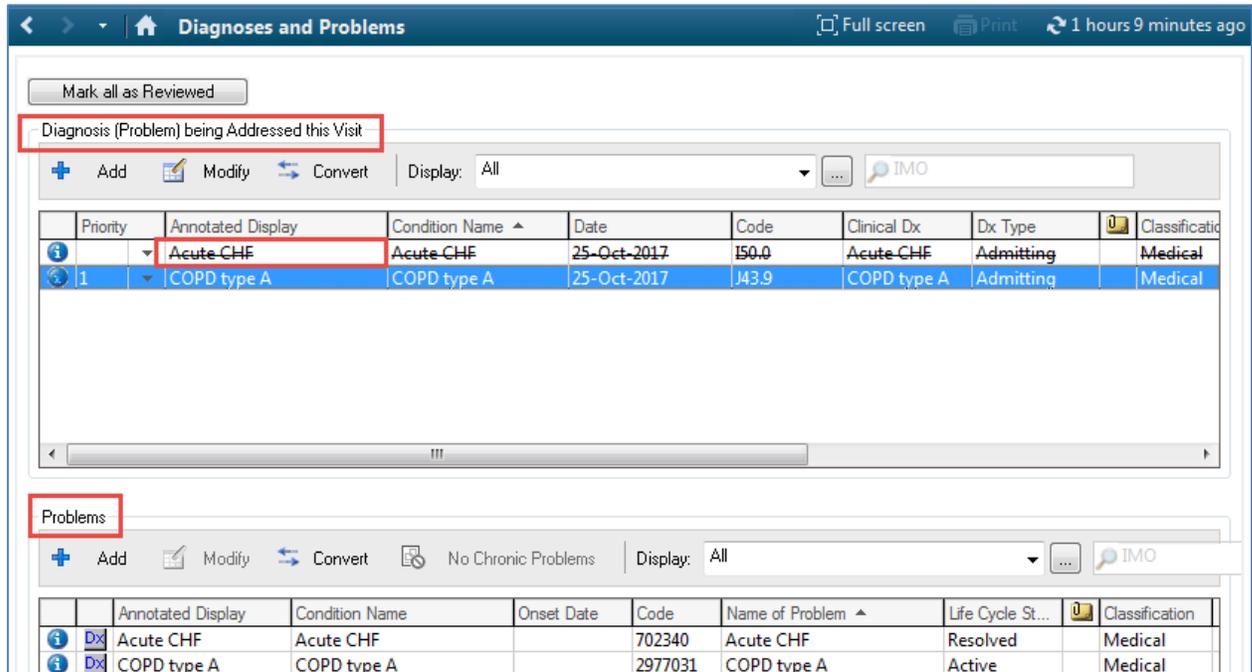


The Active Issues component allows you to view both current diagnoses as well as chronic problems. It pulls relevant information from patient histories as well as from problems and diagnoses.



The **This Visit** and **Chronic** buttons denote if the issue is strictly for the current encounter, a chronic problem, or both. Clicking these buttons can add or remove the issue from both active and chronic lists.

2. Click on the **Active Issues** heading to open the Diagnoses and Problems page.



Active diagnoses that are being addressed this visit are listed in the top field, while chronic problems are listed in the bottom field.

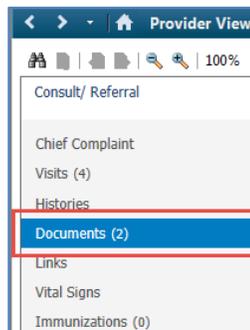
If a diagnosis has been treated and resolved, all information associated with it will contain a strikethrough. ~~Acute CHF~~

3. Click on the Home icon to navigate back to the Provider View. 
4. Arrow icons will take you back and forth between the previous view and current view.



3 Review Documents in Provider View

1. Click on the **Documents** component within the list of components to bring the Documents component to the top of the page.



2. Click on a **Note**. A slide-out window will open, displaying the content of the document without leaving the page.

Time of Service	Subject	Note Type	Author	Last Updated	Last Updated By
29/11/17 12:50	Admission H & P	Laboratory Medicine Consult	TestUser, Lab-Physician, MD	29/11/17 12:51	TestUser, Lab-Physician, MD
28/11/17 11:33	Lab Interpretation Note	Laboratory Medicine Consult	TestUser, Lab-Physician, MD	29/11/17 12:52	TestUser, Lab-Physician, MD
28/11/17 11:13	patho consult	Laboratory Medicine Consult	TestUser, Lab-Physician, MD	28/11/17 11:15	TestUser, Lab-Physician, MD

3. Click the **tab** to close the split screen. Double-click or select **Open Document** to open a new window.

Open Document Print

Admission H & P
TestUser, Lab-Physician, MD

Chief Complaint
Fever, chills, and general malaise

History of Present Illness
General: Alert and oriented x 3, no acute distress.
Cardiac: Normal S1 S2, no gallops, no murmurs, no rubs, normal JVP, no pedal edema.
Respiratory: Good air entry bilaterally, no adventitious sounds.
Abdomen: Normal bowel sounds, non-distended, soft, non-tender, no hepatosplenomegaly.

Physical Exam
Vitals & Measurements
WT: 80 kg (Dosing)

Problem List/Post Medical History
GERD (gastroesophageal reflux disease)
Historical
Pneumonia

Procedure/Surgical History
Total colectomy (1999), Ompthaloclele repair (Week of 01/15/1940), Ankle fracture - lateral malleolus.

Medications
Inpatient
melatonin, 3 mg, 1 cpo, PO, qHS

In the workflow view, you can filter documents in many ways.

For example, you can display documents associated will **All Visists**, **Last 24 hours**, or **My notes only**.

Last 50 Notes **All Visits** Last 24 hours More

My notes only Group by encounter | Display: Provider Documentation

Last Updated By

2:51	TestUser, Lab-Physician, MD
2:52	TestUser, Lab-Physician, MD
1:15	TestUser, Lab-Physician, MD

4. After adjusting filters, you can click on the **Refresh** icon  associated with the Documents component instead of the **Refresh** icon  associated with the whole page. This will only update the specific component and apply the changes you have made to the filters. It will avoid resetting your screen back to the top of the Provider View page.

4

Review All Documents

One important filter is **Display**. As a provider, the CIS is configured to filter documents that are created by other providers only. This helps limit excessive results within the Documents component.

Last 50 Notes All Visits Last 24 hours More

Group by encounter **Display: Provider Documentation**

Last Up

TestUs

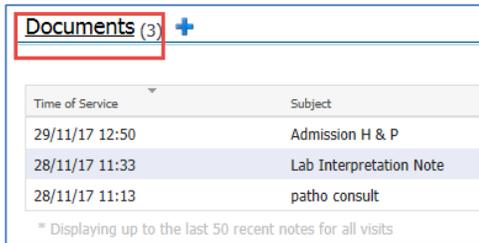
TestUs

Provider Documentation

Reset All Apply Cancel

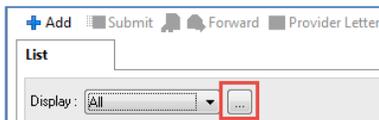
As a Laboratory Pathologist, you will potentially want to review additional documentation created by other designations as well as scanned lab results. These can be easily viewed by following the steps:

1. Click the component heading **Documents** to display the **Documentation** view.

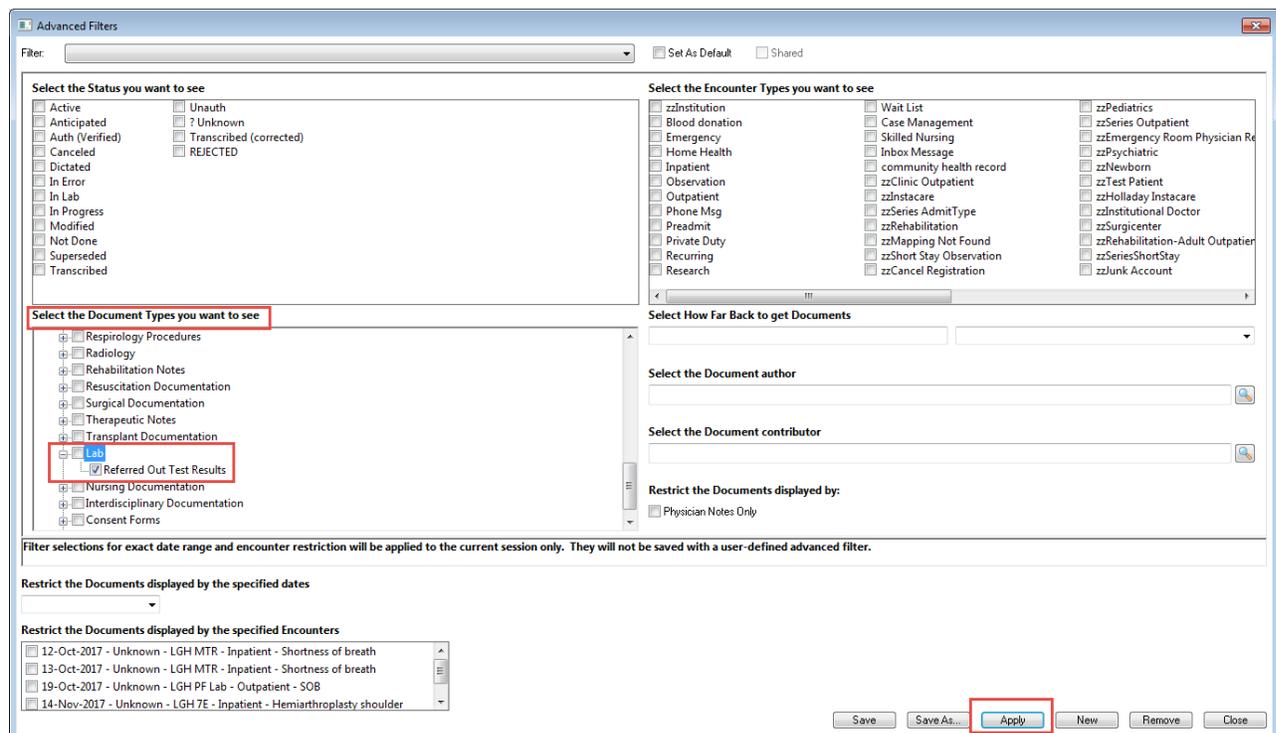


This view provides a comprehensive list of documents with more options. Here you will also be able to find any lab results that have been scanned in from other systems.

2. Filter results in the Documentation page by clicking on the Elipsis button  to bring up the **Advanced Filters** window.

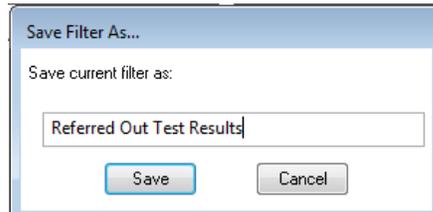


3. Under **Select the Document Types you want to see**, scroll down to **Labs** and click on the check box for **Referred out Test Results**. This is the title associated with all scanned lab result documents.

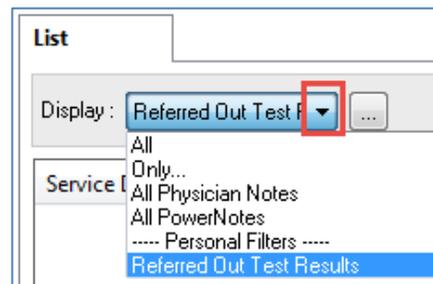


4. Click on **Apply**.

- When prompted to save the filter, choose **Yes**.
- Name your new filter “Referred out Test Results” and click **Save**.



This **Personal Filter** will now be available in the Documentation page for quick filtering of scanned lab documents.



Use the navigation buttons  **Documentation** to return to the Provider View.

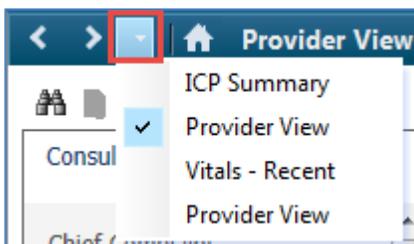
Arrow icons will take you back and forth between the previous view and current view.



Home icon will take you back to your default home page, Provider View.



Drop down arrow icon will open a short list of the most recently viewed components or pages to select from.



Key Learning Points

- Component headings can be clicked on to open up pages with more functions
- Components can be individually refreshed by clicking the **Refresh** icon localized to the component.
- Scanned lab documents can be viewed by clicking on the **Documents** heading to open the full **Documentation** page and searching for the **Referred Out Test Results** filter.

Activity 1.4 – Labs and Diagnostics

Relevant labs, pathology, and microbiology can quickly be viewed directly within the Provider View, which may be enough for some providers however, as a Laboratory Pathologist you may wish to use a more in-depth page available to review results.

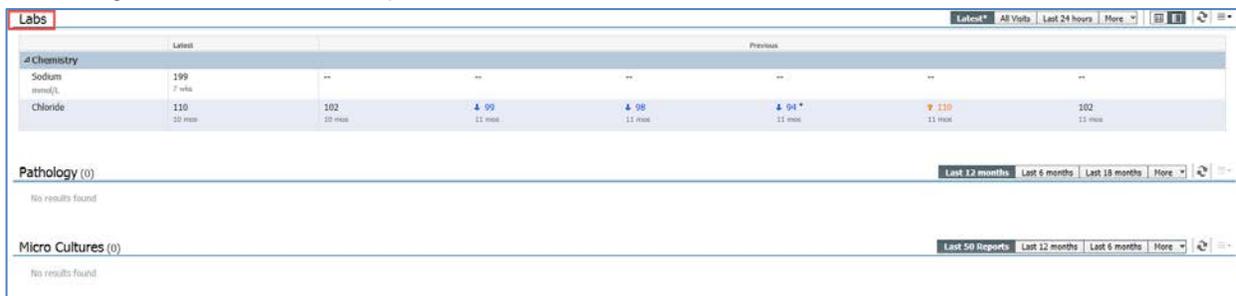
Results Review provides you with more detailed information regarding:

- Labs
- Pathology
- Microbiology
- Transfusion
- Diagnostics
- Vital Signs and key clinical documentation

1

Results Review Page

1. Navigate to the **Labs** component within Provider View.



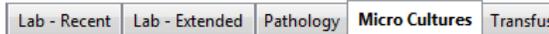
	Latest				Previous				
Chemistry									
Sodium mmol/L	199	---	---	---	---	---	---	---	---
Chloride	110 10 min	102 10 min	↓ 99 11 min	↓ 98 11 min	↓ 94* 11 min	↑ 110 11 min	102 11 min		
Pathology (0)									
No results found									
Micro Cultures (0)									
No results found									

2. Click on the **Labs** header to open up the **Results Review** page.

The screenshot shows the 'Results Review' page with a navigation bar at the top containing tabs for 'Recent Results', 'Advance Care Planning', 'Lab - Recent', 'Lab - Extended', 'Pathology', 'Micro Cultures', 'Transfusion', 'Diagnostics', 'Vitals - Recent', and 'Vitals - Extended'. Below the navigation bar, there are dropdown menus for 'Flowsheet: Lab View' and 'Level: Lab View', along with radio buttons for 'Table', 'Group', and 'List'. A date range filter is set to 'Wednesday, 01-November-2017 16:32 PDT - Thursday, 30-November-2017 15:32 PST (Clinical Range)'. On the left, a 'Navigator' pane shows 'Respiratory Microbiology', 'Viral Serology and Molecular', and 'Bacterial Serology and Molecular' as active categories. The main table displays results for 'Respiratory Microbiology' and 'Bacterial Serology and Molecular' across five dates from 24-Nov-2017 08:47 PST to 02-Nov-2017 06:00 PDT. The table includes columns for specimen type, test name, and result status, with some results highlighted in red (e.g., 'Respiratory (lower) Cultu', 'Positive * (I)', 'Influenza A Virus Type H1', 'Atypical Pneumoniae NA', 'Reactive. * (I)').



NOTE: Clicking on the **Pathology, Diagnostics, Microbiology C&S,** and **Microbiology Other** headers will also open the **Results Review** page.

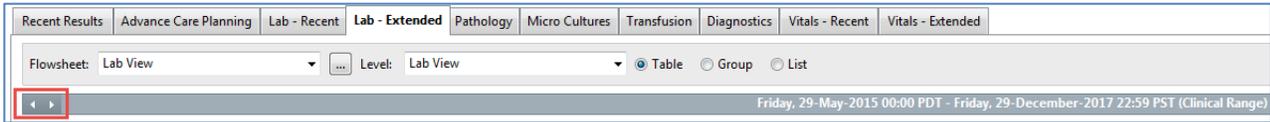


3. Navigate through each results tab to familiarize yourself with potential content that could be under each category.

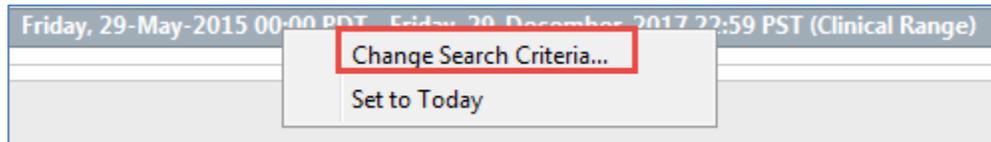
2

Adjusting Date Ranges

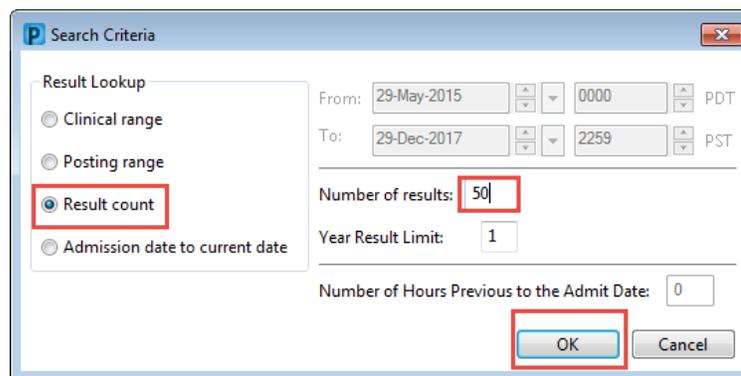
1. Date ranges for each result tab are set to default time spans. Click on the arrow icons  to the left of the date header to adjust the range of results appearing on your screen. The arrows will only adjust the start date of the range, while the end date will stay constant.



2. To create custom date ranges for viewing, right-click on the date bar and select **Change Search Criteria**.



3. In the Search Criteria window, choose **Result Count** for **Results Lookup** and set the **Number of Results** to 50. Click **OK**.



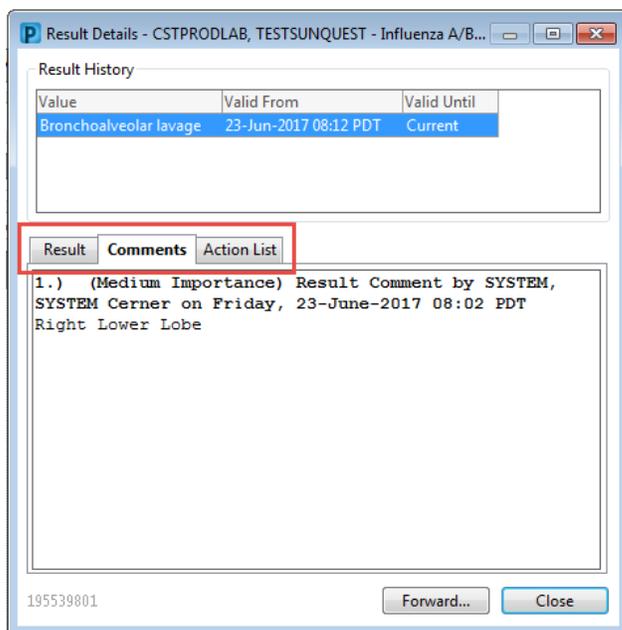
3 Results Details

Additional results details can be explored including comments associated with the result (ex. specimen criteria) and actions (ex. who performed the testing).

1. Choose the result you wish to see the details of and double-click the cell within the results table.

Showing results from (17-Feb-2017 - 30-Nov-2017) Show more results	
Lab View	23-Jun-2017 00:00 - 23:59 PDT
Respiratory NAT Specimen VCH	Bronchoalveolar lavage *
Influenza A Virus NAT VHC	Positive * (!)
Influenza B Virus NAT VHC	Negative *
Respiratory Syncytial Virus NAT VCH	Indeterminate (A)
Influenza NAT Specimen	

2. Within the **Results Details** window, navigate through the tabs to review the **Comments** and **Actions List**.



3. Click **Close** to return to Results Review.

Lab results may have additional characters or colours added to them to denote extra information:

- Critical values are in **bright red** and have an exclamation point (!) **32.4 mmol/L (!)**
- High values are in **orange** and have an **(H)** or up arrow **18.5 mmol/L (H) / ↑ 56.2**
- Low values are in **blue** and have an **(L)** or down arrow **3.1 mmol/L (L) / ↓ 10**
- Positive results are in **bright red** and have an exclamation point (!) **Preliminary Positive * (!)**
- Abnormal results are in **dark red** and have an **(A)** **Indeterminate (A)**
- Results with a comment in the Details window have an asterisk (*)
Bronchoalveolar lavage *
- Results that have been corrected have a **(C)** **Negative * (C)**
- Abnormal textual results are in **brown** and have a jagged line (~) **~ Preliminary result**
- If a column contains more than one results that occurred within the timeframe represented, a number will be visible noting how many results are available to view **(2)**
30 mmol/L [2]



NOTE: Critical high and critical low results are based on Sunquest flagging values. Results will appear in bright red with exclamation points **32.4 mmol/L (!)** but the critical ranges will not actually be stated within the CIS.

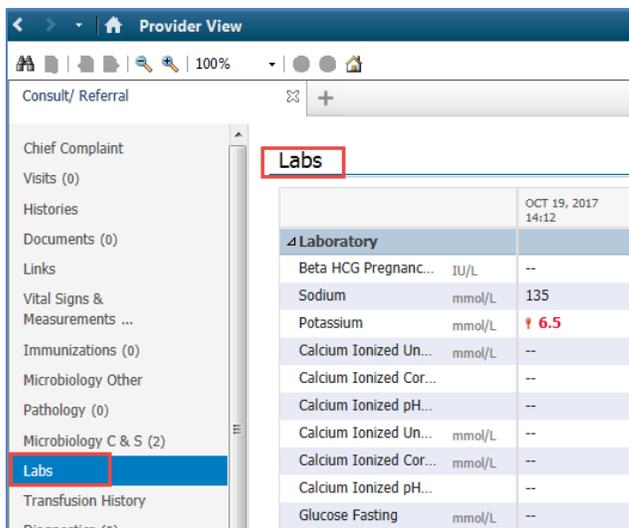
Sodium	
‡ >100 mmol/L	
Date/Time	Status
18/11/2017 14:00	Auth (Verified)
Normal Low	Normal High
135	145
Critical Low	Critical High
--	--

4

Lab Results Trending View

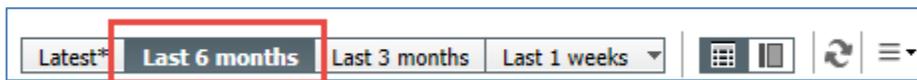
Lab Results Trending view is used for displaying lab results in an easy to read, visual graph for the purpose of viewing trends.

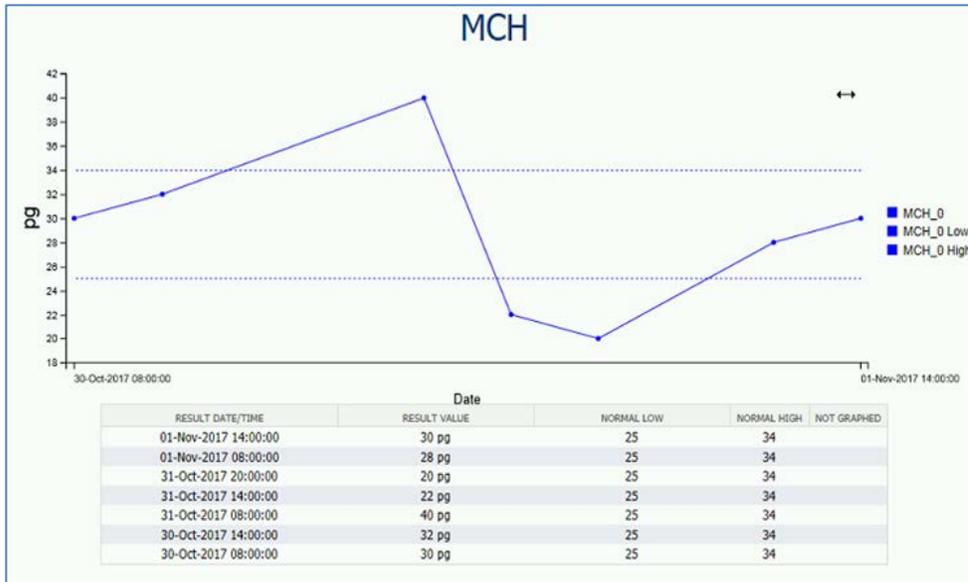
1. Navigate back to the **Labs** Component within **Provider View**.



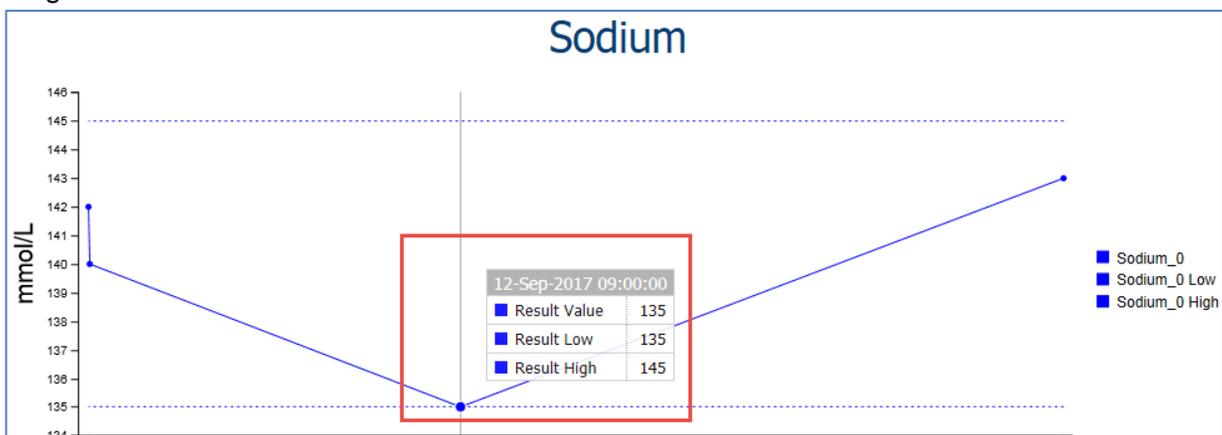
To view lab test values in a graph format:

2. Click on the desired test name. This will open the **Lab Results Trending** window, displaying a graph of all results data points for that test within the timeframe specified by the filter.



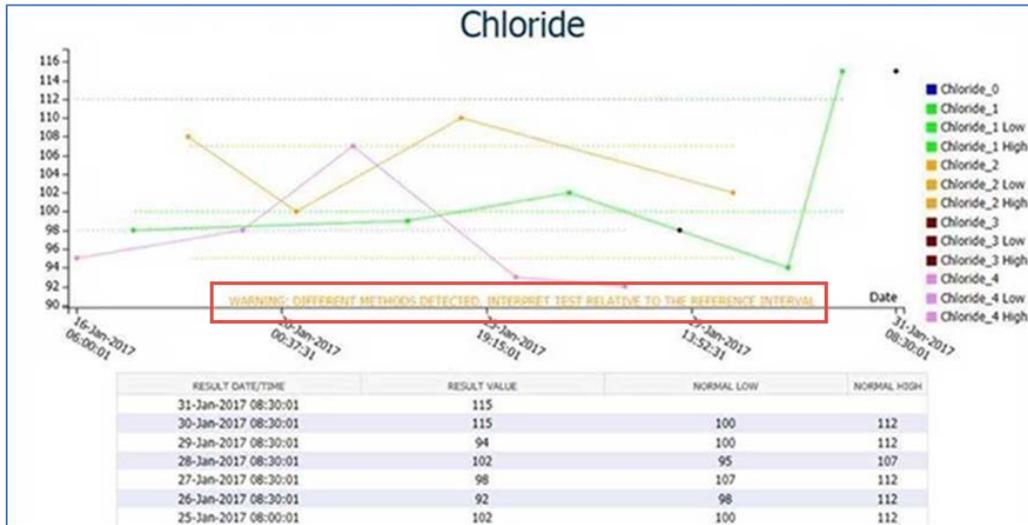


3. Use hover to discover with data points on the graph to view the result value and reference range associated with it.



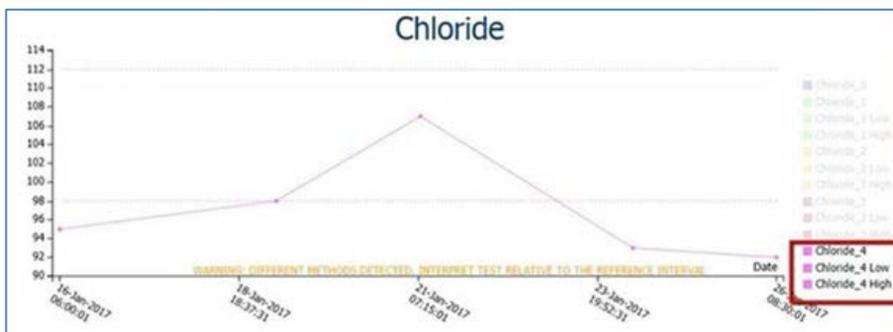
Lab results may occasionally be produced on different analyzers/test kits, or may have come from a different Health Organization. This may result in lab work having different reference ranges.

If the results you are viewing have several different reference ranges, the **Lab Results Trending** view will provide multiple graphs on the same page, complete with visible reference ranges.



WARNING: DIFFERENT METHODS DETECTED. INTERPRET TEST RELATIVE TO THE REFERENCE INTERVAL

To isolate individual series of results, you can click on the desired results in the legend along the right-hand side of the graph.



Values will not be graphed if:

- Only one data point
- Textual values
- Contain other non-numeric characters (such as < > ?)

The results grid below the graph will display a message that a result was not graphed in this instance.

* List of results not trended on the graph :- Low Fibtem A10 suggests fibrinogen deficiency.Low Fibtem A10 suggests fibrinogen deficiency. on 07-Sep-2017 06:00:00

RESULT DATE/TIME	RESULT VALUE	NORMAL LOW	NORMAL HIGH	NOT GRAPHED
20-Sep-2017 09:17:00	143 mmol/L	135	145	
12-Sep-2017 09:00:00	135 mmol/L	135	145	
07-Sep-2017 10:55:00	140 mmol/L	135	145	
07-Sep-2017 10:40:00	142 mmol/L	135	145	
07-Sep-2017 06:00:00	Low Fibtem A10 suggests fibrinogen deficiency. Low Fibtem A10 suggests fibrinogen deficiency.	135	145	YES

5

Transfusion History

The **Transfusion History** component is used to review any blood-related information.

1. Click on **Transfusion History** within the components list to take you to the Blood Product Availability component.



2. Within this section, you will find information broken down to three categories
 - **Group and Screen Status** displays the most current Group and Screen specimen and its expiry date.
 - **Blood Product Availability** displays past transfusions, blood products that have been allocated to the patient for use, and blood products that have actually been issued. These sections can be expanded or collapsed by clicking on the arrow beside the section title.
 - **Transfusion Reaction History** displays any recorded issues or reactions to blood products previously administered.

Tranfusion History	
<u>Group and Screen Status</u>	
Group And Screen Expiry : No current specimen available.	
<u>Blood Product Availability</u>	
▶ Allocated (0)	
⚡ Issued (0)	
No results found	
⚡ Presumed transfused (Issued,Final) within last 90 days (0)	
No results found	
<u>Transfusion Reaction History</u>	
No results found	

Key Learning Points

- Results Review can be accessed by clicking on any of the component headings for: Labs, Pathology, Microbiology C&S, or Microbiology Other.
- Double-clicking a result will open the Details window with more information about the test and result.
- Lab Results Trending window displays results for the selected test only within the timeframe specified by your filtering preferences.
- Hover to discover result values and reference ranges when viewing labs in Lab Results Trending view.

Activity 1.5 – Infection Prevention Summary

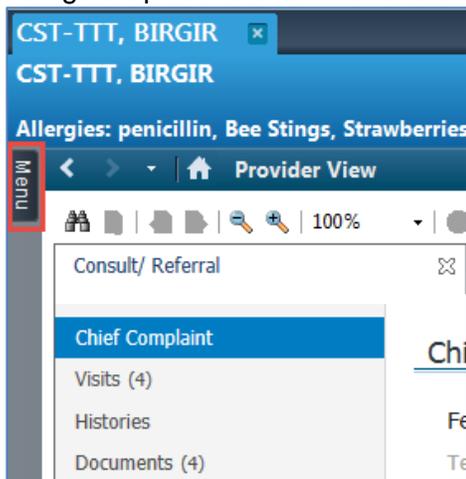
As a Laboratory Pathologist, in addition to the Provider View page which contains clinically relevant patient details to review, you also have access to the **Infection Prevention Summary (or ICP Summary)** page.

This view provides several similar pieces of information already contained in the Provider View, but they are arranged and grouped in a more succinct manner. This means they are also more abbreviated and less interactive.

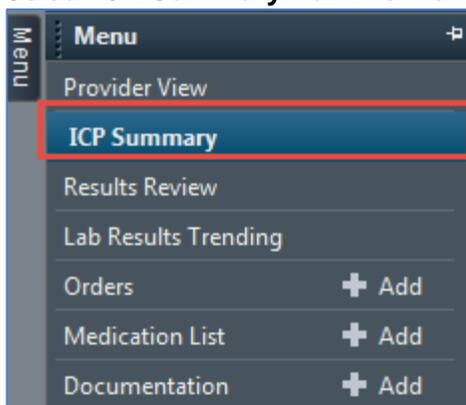
1 Accessing ICP Summary Page

Similar to the **Lab Results Trending** page, the **ICP Summary** page is not placed within the Provider View page. It also must be accessed via the **Menu** tab:

1. Navigate up to the small **Menu** tab below the Banner Bar.



2. Select **ICP Summary** from the **Menu** when the window slides out.



3. The ICP Summary page contains numerous summary components in compact, collapsed views.
4. Each component can be expanded individually by clicking the Expand arrow icon  or all

components can be expanded at once by clicking the **Expand All** button. [Expand All](#)

ICP Summary

Full screen Print 1 hours 5 minutes ago

Infection Preventionist Summary [Expand All](#) Help

CST-TTT, BIRGIR Male 77 years DOB: 01-Jan-1940 MRN: 700007397 FIN: 7000000013481 Isolation: Visit Reason: **Hemiarthroplasty shoulder**
This page is not a complete source of visit information.

Patient Information [Expand](#) Devices (0) [Expand](#)

Isolation:	Droplet
MDRO:	--
HAI Risk:	--
Admit Date:	14/11/2017 11:05
Length of Stay:	16 Days
Readmission within 30 days:	Yes

Clinical Resources [Expand](#)

Name	Type
BC Centre for Disease Control	Url
BC Public Health Lab Manual	Url
CDC	Url

5. Take time to explore each component and consider the content available in the **ICP Summary** page compared to what is available in **Provider View**.
6. Use the navigation buttons to return to the Provider View when done viewing the **ICP Summary**.



Key Learning Points

- The ICP Summary page is accessed through the Menu tab just below the Banner Bar.
- ICP Summary contains similar information found within other components, but is grouped in a more condensed fashion for quick reference.

Activity 1.6 – Creating a Document

After reviewing the patient's chart, as well as external sources such as CareConnect or SunQuest/SunSet, you have decided to write a consult note to convey your recommendations and findings to the other members of the care team.

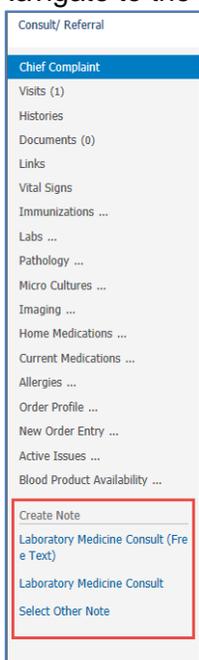
The CIS uses a function called **Dynamic Documentation** to pull all existing and relevant information into a comprehensive document, using standard templates of your choosing.

Dynamic Documentation can save you time by allowing you to populate your documentation with items you have reviewed and that have previously been entered into the patient chart.

1

Create Note

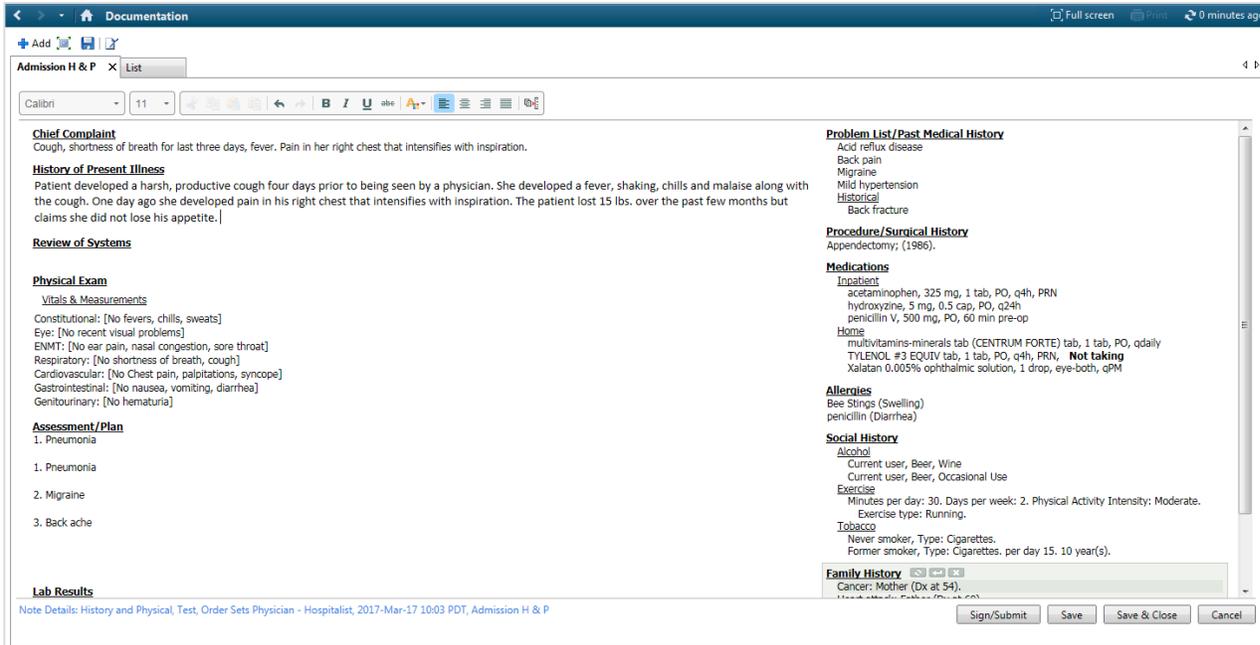
1. Navigate to the **Create Note** section under the components list.



This section displays a short list of note types that are commonly used for Laboratory Pathologist consultations.

2. Click on **Laboratory Medicine Consult** to open the consult note template.

The draft note displays in edit mode ready for your review. Review the different sections of this note. Many of the sections will automatically populate with the information captured by you and other clinicians. This is Dynamic Documentation in action.

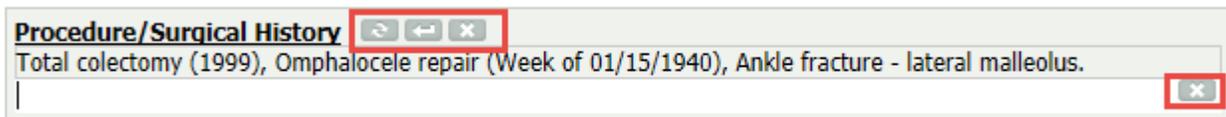


2 Editing Documents

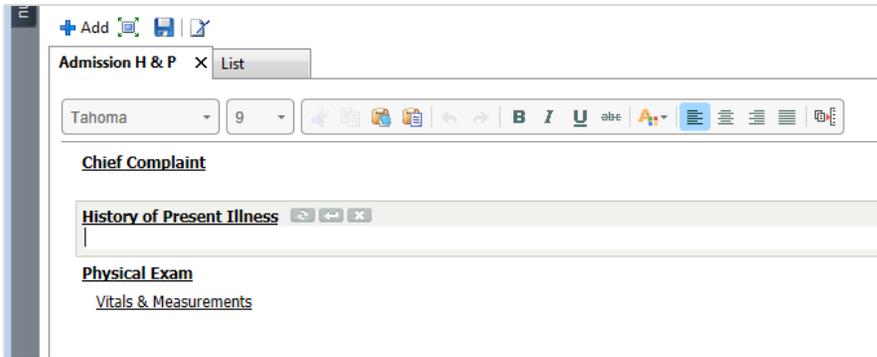
If any information is missing, you can add it directly in the note. You can also delete any unwanted information.

1. Position your cursor over the heading **History of Present Illness** to modify. The small toolbar activates:

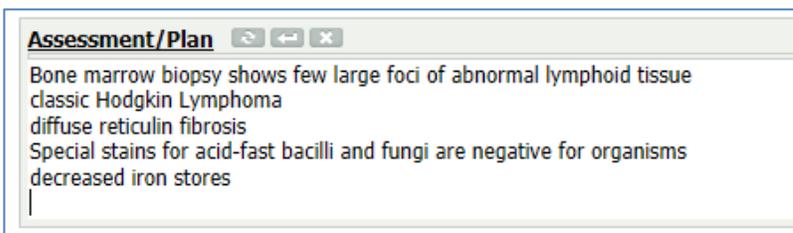
- refreshes the dynamic information in the box
- activates the box for edits or new entries
- removes all content associated with that line or box



2. Activate the **History of Present Illness** box to edit by pressing the arrow icon beside the header.
3. Once you click the content box, it becomes active. Edit the note as necessary.
4. Add to the content: *Bone marrow aspirate and biopsy completed last week.*



5. Navigate to the **Assessment/Plan** box and click the content box to activate.
Add the content: *Bone Marrow biopsy is consistent with classical Hodgkin's Lymphoma.*



Navigate to the **Imaging (Last 24 Hours)** box. Since there is no data, you will choose to delete this unnecessary header from your consult note.

6. Click the X icon  to remove the section from your note.



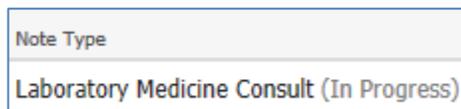
7. This note is now ready for the decision to be **Signed** or **Saved**.

3

Signing or Saving a Document

Once your consult for the patient is finished, you can choose between four options:

- **Sign/Submit** will begin the process of posting your document to the patient chart.
 - **Save** will save your progress and let you continue to edit within the consult note.
 - **Save & Close** will save the document and return you to the Provider view.
- Until you choose to sign and submit it, the note will only be viewable by you and will appear in your **Documents** component with the status **(In Progress)** beside the note title.



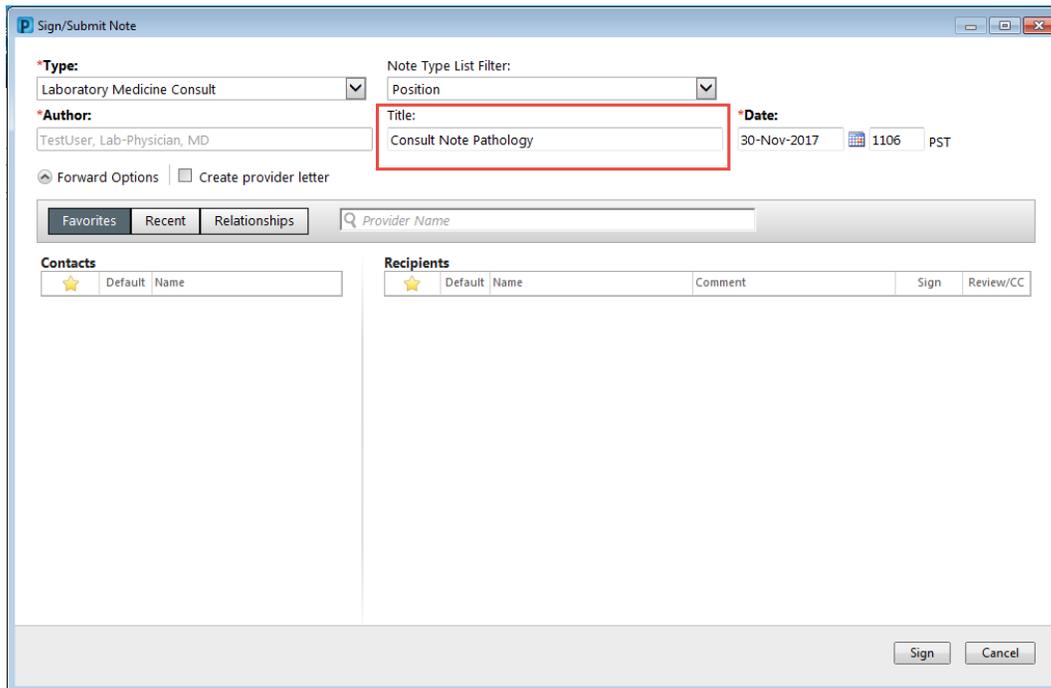
- **Cancel** will delete the document if it was created in error.

1. Click **Sign/Submit**.



This will bring up the Sign/Submit Note window.

2. Click on the **Title** box and create an appropriate title. Type in: *Consult Note Pathology*.



The screenshot shows the 'Sign/Submit Note' window with the following details:

- Type:** Laboratory Medicine Consult
- Note Type List Filter:** Position
- Author:** TestUser, Lab-Physician, MD
- Title:** Consult Note Pathology (highlighted with a red box)
- Date:** 30-Nov-2017 1106 PST
- Forward Options:** Forward Options, Create provider letter
- Provider Search:** Favorites, Recent, Relationships,
- Contacts:**

★	Default	Name
- Recipients:**

★	Default	Name	Comment	Sign	Review/CC

If you want to simply complete your consult note and place it in the patient chart, you can now click **Sign**. This will not send any additional alert or notification to individual providers that a new document is added to the chart.

However, since you have been consulted by a specific colleague, you would like to send them this note. In the CIS you can electronically forward the note.

4

Forwarding a Note

1. Click the arrow to display **Forward Options** if not already displayed.

The screenshot shows the 'Sign/Submit Note' dialog box. It contains several fields: '*Type:' (Laboratory Medicine Consult), 'Note Type List Filter:' (Position), '*Author:' (TestUser, Lab-Physician, MD), 'Title:' (Consult Note Pathology), and '*Date:' (30-Nov-2017, 1106 PST). At the bottom, there are two checkboxes: 'Forward Options' (checked and highlighted with a red box) and 'Create provider letter' (unchecked). 'Sign' and 'Cancel' buttons are at the bottom right.

2. There are several options to use when choosing others to cc on your note:

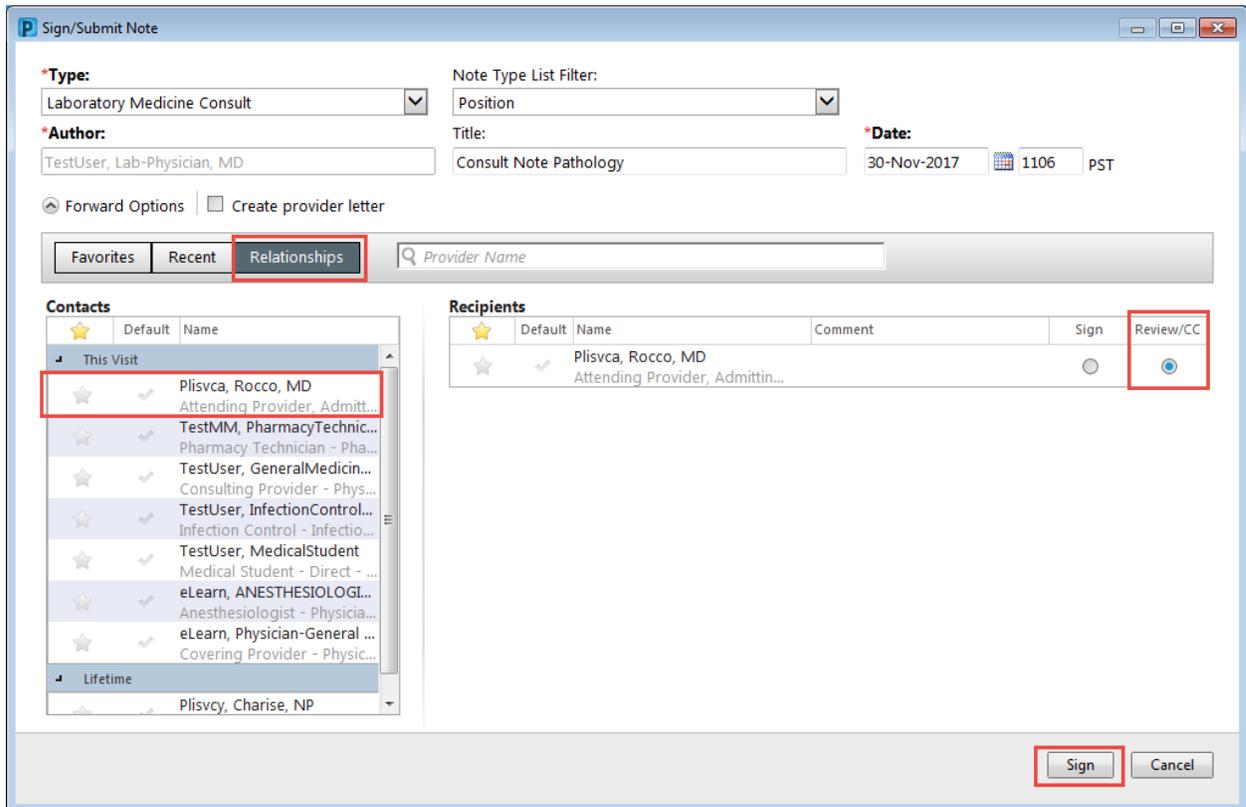
- **Favorites** folder is where you add frequently cc'd providers. You will learn how to manage favorites during a more personalized learning session.
- **Recent** folder lists all providers who recently accessed patient's chart
- **Relationships** folder contains care team members that are part of the patient's record and include care providers for this visit and those that have lifetime relationships. Remember that specific notes such as an admission or discharge are automatically sent to patient's GP and lifetime relationships physicians so there is no need to add them manually.
- **Search** box- here you can also search for any provider registered with the College of Physicians and Surgeons that also have registered with Excelleris.

The screenshot shows the 'Sign/Submit Note' dialog box with the 'Forward Options' section expanded. It features three tabs: 'Favorites', 'Recent', and 'Relationships'. A search box labeled 'Provider Name' is present. Below the tabs are two lists: 'Contacts' and 'Recipients'. The 'Contacts' list is divided into 'This Visit' and 'Lifetime' categories. The 'Recipients' list has columns for 'Default', 'Name', 'Comment', 'Sign', and 'Review/CC'. 'Sign' and 'Cancel' buttons are at the bottom right.

Default	Name
★	Plisvca, Rocco, MD
★	TestMM, PharmacyTechnic...
★	TestUser, GeneralMedicin...
★	TestUser, InfectionControl...
★	TestUser, MedicalStudent
★	eLearn, ANESTHESIOLOGI...
★	eLearn, Physician-General ...
★	Plisvcy, Charise, NP

Default	Name	Comment	Sign	Review/CC
---------	------	---------	------	-----------

3. For your example, select [provider] from the **Relationships** list and double-click to add the name under Recipients.
4. Ensure that the appropriate action is checked off: either **Sign** or **Review** to indicate the action required.
5. Click **Sign**. The consult note will now be placed in the patient's chart under the Documents component as well as sent to the provider's **Message Centre**.



After signing the note, you are transferred back to the Provider view. Remember to click the **Refresh** button  located within the **Document** component. The admission note is now listed under Documents and is visible to the entire care team.

Time of Service	Subject	Note Type	Author	Last Updated	Last Updated By
30/11/17 11:06	Consult Note Pathology	Laboratory Medicine Consult	TestUser, Lab-Physician, MD	30/11/17 13:58	TestUser, Lab-Physician, MD
29/11/17 12:50	Admission H & P	Laboratory Medicine Consult	TestUser, Lab-Physician, MD	29/11/17 12:51	TestUser, Lab-Physician, MD
28/11/17 11:33	Lab Interpretation Note	Laboratory Medicine Consult	TestUser, Lab-Physician, MD	29/11/17 12:52	TestUser, Lab-Physician, MD
28/11/17 11:13	patho consult	Laboratory Medicine Consult	TestUser, Lab-Physician, MD	28/11/17 11:15	TestUser, Lab-Physician, MD

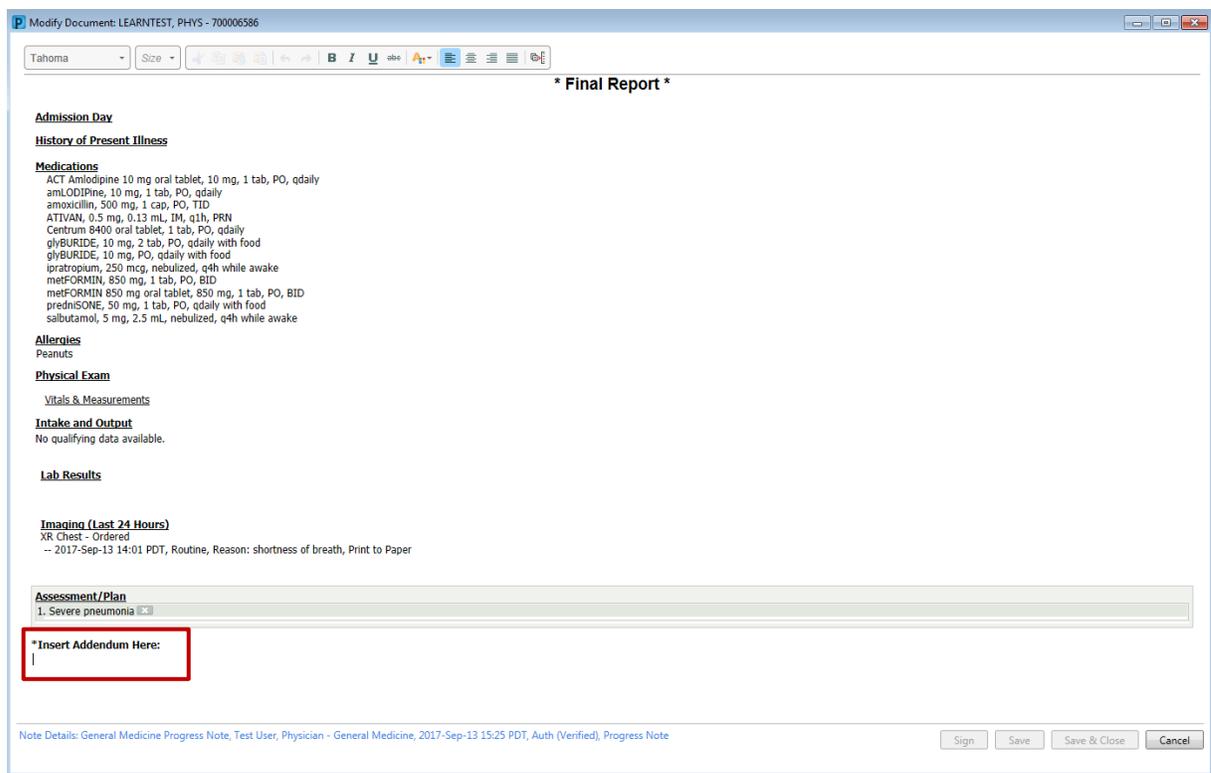
5 Adding an Addendum

After documents have been finalized, the body of their content cannot be edited. Instead, addendums can be created to reflect any changes that were needed after document submission.

1. Double-click on the consult note you just created under the **Documents** component.
2. Once the document opens in a new window, click on the **Modify** icon  located in the tool bar.



3. The **Final Report** displays in edit mode with the added section **Insert Addendum Here** at the bottom. Type a comment of your choice.



4. Add information and click **Sign/Submit** to complete the note. The updated note will be automatically distributed to all previously selected recipients. The addendum is stamped by the electronic signature.

LEARNTTEST, PHYS Male 42 years DOB:1975-Jun-01

*** Final Report ***
Document Contains Addenda

Chief Complaint
Shortness of breath.

History of Present Illness
One week history of shortness of breath progressively worsening. Mid-sternal chest pain that is worse with coughing and deep breathing. Greenish sputum has been present for the last 26 hours.

Physical Exam
Vitals & Measurements:
T: 38.2 °C (Oral) HR: 70 (Peripheral) RR: 20 BP: 120/80 WT: 80 kg (Dosing)
This is a practice test for objective/physical exam.

Assessment/Plan
1. Severe pneumonia

Problem List/Past Medical History
No chronic problems
Historical
No historical problems
Medications
Insulin
aml.GODPine, 10 mg, 1 tab, PO, qdaily
amoxiclin, 500 mg, 1 cap, PO, TID
ATIVAN, 0.5 mg, 0.13 mL, IM, q1h, PRN
glyBURIDE, 10 mg, 2 tab, PO, qdaily with food
ipratropium, 250 mcg, nebulized, q4h while awake
metFORMIN, 850 mg, 1 tab, PO, BID
predniSONE, 50 mg, 1 tab, PO, qdaily with food
salbutamol, 5 mg, 2.5 mL, nebulized, q4h while awake
Home
ACT Amlodipine 10 mg oral tablet, 10 mg, 1 tab, PO, qdaily
Centrum 8400 oral tablet, 1 tab, PO, qdaily
glyBURIDE, 10 mg, PO, qdaily with food
metFORMIN 850 mg oral tablet, 850 mg, 1 tab, PO, BID
Allergies
Peanuts
Functional History
No qualifying data available.
Imaging (Last 24 Hours)
XR Chest - Ordered
-- 2017-Sep-13 14:01 PDT, Routine, Reason: shortness of breath, Print to Paper

Signature Line
Electronically Signed on 13-Sep-2017 14:07
eLearn, MDGENMED, MD

Addendum by Test, Pet, MD on 2017-September-14 09:28 PDT (Verified)
(addendum text)

Signature Line
Electronically Signed on 14-Sep-2017 09:47
Test, Pet, MD

Key Learning Points

- Dynamic Documentation will “pull forward” content into predefined sections of note templates for more accurate and easier note writing.
- Note template sections can be edited or removed if unwanted when writing a note.
- Save and Close instead of Sign/Submit will send a note to your Documents component, but will not be finalized or visible to other users until signed and submitted.
- Notes can be forwarded to individual providers in addition to adding the note to the patient chart.
- If you create an addendum to a note, these are also distributed to any recipient who received the original note.

End of Workbook

You are ready for your Key Learning Review. Please contact your instructor for your Key Learning Review.