



Optimizing EMR Use for Mental Health Care

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Faculty/Presenter Disclosure

- **Faculty:** Ilan Fischler, MD, FRCPC
- **Relationships with commercial interests in previous 2 years:**
 - **Grants/Research Support:** None
 - **Speakers Bureau/Honoraria:** Meditech
 - **Consulting Fees:** Healthtech, Meditech, Z. Ramji and Associates, CELHIN
 - **Other:** Employee of Ontario Shores Centre for Mental Health Sciences

Disclosure of Commercial Support

- **Potential for conflict(s) of interest:**
 - Ilan Fischler has received payment from Meditech whose product(s) are being discussed in this program.

Mitigating Potential Bias

- Potential sources of bias identified in slides 1 and 2 have been mitigated as all order sets, templates, decision support discussed in this presentation could be built in other vendor EMRs. The content discussed is vendor-agnostic and is equally relevant to all EMRs.

Objectives

- At the end of this presentation, participants will:
 - Be familiar with how EMR customization can be used to improve quality and reduce unnecessary variation in mental health care
 - Understand order set development approaches for mental health practice
 - Be aware of how EMR usage can promote inter-professional collaboration, improved efficiency of documentation and optimized patient engagement

Understanding the Context

- Ontario Shores was the first Hospital in Canada (and first mental health hospital in the world) to achieve HIMSS EMRAM Stage 7 and the Nicholas E. Davies Award of Excellence
- Strategic initiatives at the organization have included implementing the Recovery Model, Minimization of Restraint and Seclusion, and implementing UK NICE clinical practice guidelines and HQO mental health quality standards
- Major focus on patient engagement initiatives

Improving Quality in Mental Health Care

- Customized documentation templates that support clinical practice guideline or quality standard adherence
- Build adherence monitors and exception handling into documentation templates
- Discrete data collection and reporting for quality improvement initiatives
- Trigger orders/order sets based on answers to documentation queries
- **Warning: Unlike Other Areas of Inpatient Medicine/Surgery, order sets are not the primary means to improve quality in mental healthcare**

Example of Documentation Template

Schizophrenia Treatment Planning Note

- Completed within 28 days of admission of any individual with a primary diagnosis of Schizophrenia
- Less than 1 minute to complete, but prompts MD and provides exception handling for deviations from HQO quality standards for Schizophrenia

Schizophrenia Treatment Plan		
Schizophrenia Treatment Plan		
✓ Patient is currently being treated with clozapine	Yes	No
☒ Patient is currently being treated with a long-acting inject	Yes	No
☒ Has this patient been offered antipsychotic treatment with a	Yes	No
NICE Guideline-reference		
1		
☒ Reason for not pursuing long-acting injectable treatment opt	<input type="checkbox"/> Contraindication for injectable medication <input type="checkbox"/> Client refusal <input type="checkbox"/> SDM refusal <input checked="" type="checkbox"/> Side effects <input type="checkbox"/> Good clinical response to current oral antipsychotics <input type="checkbox"/> Excellent history of adherence <input type="checkbox"/> Cost <input type="checkbox"/> Client already on LAI <input type="checkbox"/> Client on clozapine <input type="checkbox"/> Other	
NICE Guideline-reference		
2		
☒ Has the client failed trials of at least two antipsychotic m	Yes	No
☒ If client has failed trials of at least two antipsychotic me	Yes	No
☒ If no please provide reason	<input type="checkbox"/> Contraindicated/Previous <input type="checkbox"/> MD/NP Concern about side effects <input checked="" type="checkbox"/> Previous failed clozapine trial <input type="checkbox"/> Other	
NICE Guideline-reference		
3		
☒ If clozapine has been offered, is it being pursued as a trea	Yes	No
☒ If no please provide reason	<input type="checkbox"/> Patient refusal <input type="checkbox"/> SDM refusal <input checked="" type="checkbox"/> Expected non-adherence with bloodwork regimen <input type="checkbox"/> Expected non-adherence to clozapine <input type="checkbox"/> Concern about side effects <input type="checkbox"/> Previous failed clozapine <input type="checkbox"/> Contraindicated/Previous agranulocytosis <input type="checkbox"/> Other	
DSM V Diagnosis		
✓ Psychiatric Diagnosis		
*a. DSM-5 CODE:	291.2	Comment:
Description	Alcohol-induced major neurocognitive disorder, Nonamnesic confabulatory ty	
Comment		
b. DSM-5 CODE:	291.81	Comment:
Description	Alcohol withdrawal	
Comment		
c. DSM-5 CODE:		Comment:
Description		
Comment		
d. DSM-5 CODE:		Comment:
Description		
Comment		
e. DSM-5 CODE:		Comment:
Description		
Comment		
f. DSM-5 CODE:		Comment:
Description		
Comment		
SOAP Note		
☒ Subjective		
Objective		
Assessment		
Plan		
Evaluation		

Example of Documentation Template

Major Depression Follow-Up Note

- Completed as the progress note for every follow-up appointment for individuals with a primary diagnosis of major depression
- Supports measurement-based care, aggressive treatment targets and movement through an algorithm

Depression Follow-Up Note				
Patient health questionnaire 9				
PHQ-9				
Instructions				
1. Little interest or pleasure in doing things	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
2. Feeling down, depressed, or hopeless	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
3. Trouble falling or staying asleep, or sleeping too much	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
4. Feeling tired or having little energy	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
5. Poor appetite or overeating	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
6. Feeling bad about yourself - or that you are a failure or	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
7. Trouble concentrating on things, such as reading the news	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
8. Moving or speaking so slowly that other people could have	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
9. Thoughts that you would be better off dead or of hurting	0 - Not at all	1 - Several days	2 - More than half the days	3 - Nearly every day
Clinical Response				
PHQ-9 total score				
Depression Severity Guide				
Depression severity				
How DIFFICULT have these problems made work/relationships				
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

Depression Follow-up			
Monitored for onset of effects two weeks after starting anti	Yes	N/A	
Patient has been started on a new antidepressant medication	Yes		
Patient has commenced psychotherapy (including any of the fo	Yes		
Patient has achieved response to treatment (50% or greater r	Yes	No	
Patient has achieved remission (PHQ-9 < 5)	Yes	No	
After 8 weeks has the patient been offered another treatment	Yes	No	N/A
Advised patient who entered remission with antidepressant me	Yes		
DSM V Diagnosis			
a. DSM-5 CODE:	291.2		Comment:
Description	Alcohol-induced major neurocognitive disorder, Nonamnesic confabulatory ty		
Comment			
b. DSM-5 CODE:	291.81		Comment:
Description	Alcohol withdrawal		
Comment			
c. DSM-5 CODE:			Comment:
Description			
Comment			
d. DSM-5 CODE:			Comment:
Description			
Comment			
e. DSM-5 CODE:			Comment:
Description			
Comment			
f. DSM-5 CODE:			Comment:
Description			
Comment			
SOAP Note			
Subjective			
Objective			
Assessment			
Plan			
Evaluation			
Mode of Delivery			
Mode of Delivery	OTN	Teleconference	Patient engagement software

Example of Exception Handling

Antipsychotic Polypharmacy Prompt

- Notice triggers MD to review antipsychotic polypharmacy and document rationale for same

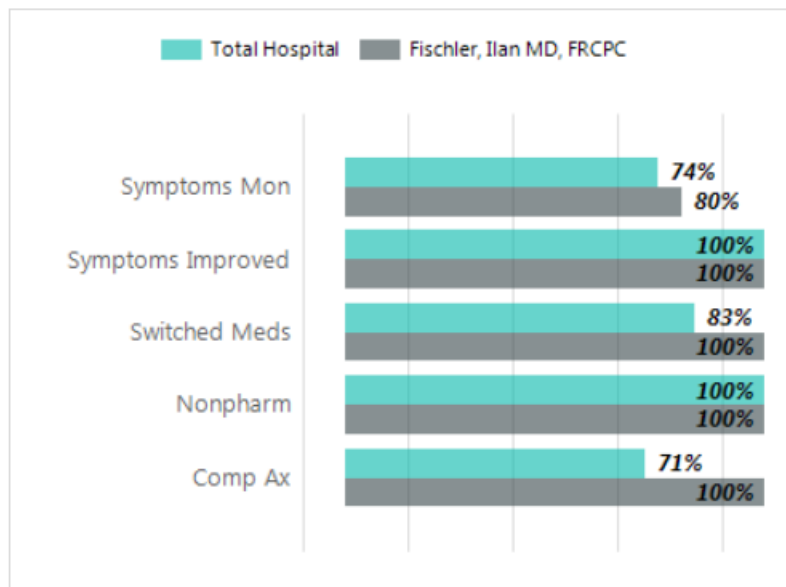
Reason for Multiple Antipsycho		
✓ Reason for Multiple Antipsycho		
✓ Reason for Multiple Antipsycho		
Reason for second antipsychotic:	Cross - Titration	Admit on Combo Short Stay
	Treatment Resistance No Clozapine	Partial Improvement
	Treat-Resistance Post Cloz	Patient Choice
	Treat-Resistance Efficacy	Other's Advice
	Different Effects	PRN Specific
	Faster Response	Augment Clozapine
	Different Mechanisms	Mood Stabilizer
	Admitted on Combo	
Guidelines to select reason:		

Using Data for Quality Improvement

Physician Quality Standard Dashboard

- Review adherence to quality standards compared to peers
- Reported at organizational, programmatic, unit and individual physician level

DEMENTIA INDICATORS



Category	Numerator	Denominator	Percent
Comp Ax	3	3	100.0%
Nonpharm	5	5	100.0%
Symptoms Mon	4	5	80.0%
Switched Meds	1	1	100.0%
Symptoms Improved	1	1	100.0%

Using Data for Quality Improvement

Physician Quality Standard Dashboard

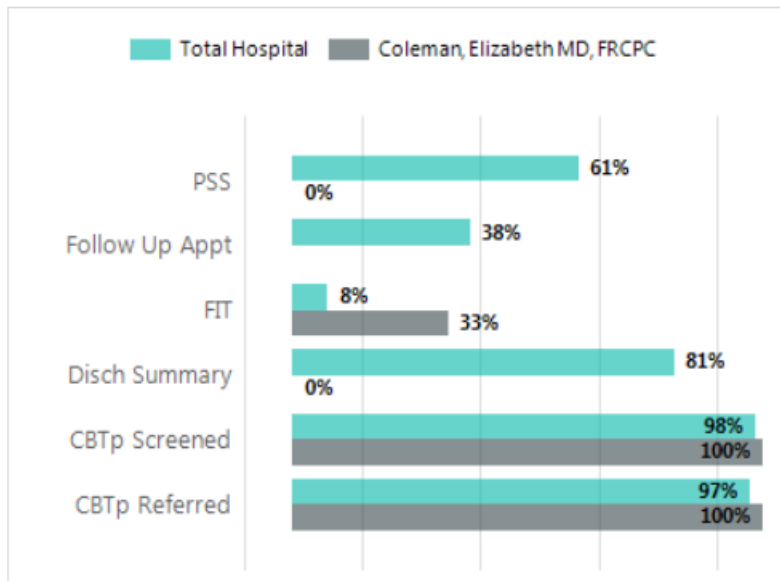


Quality Standards | Physician Scorecard

Coleman, Elizabeth MD, FRCPC

Report for Month: **2018-03**

SCHIZOPHRENIA INDICATORS



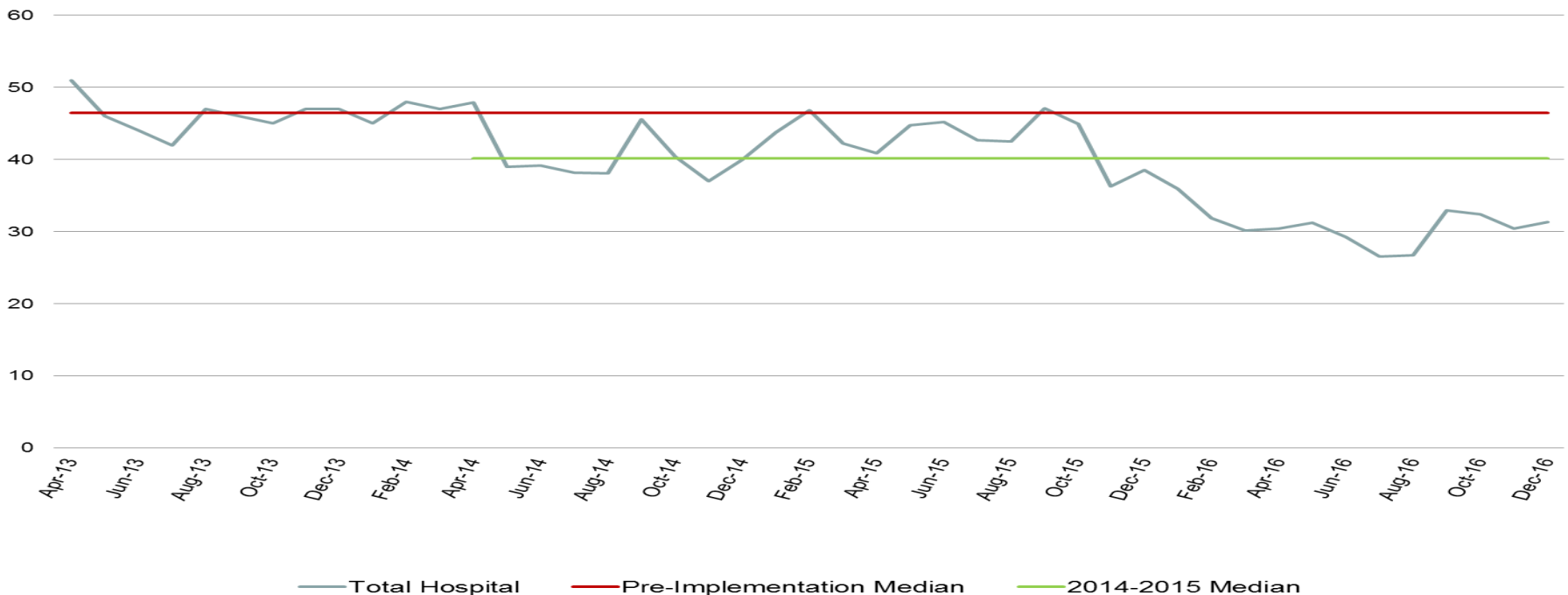
Category	Numerator	Denominator	Percent
CBTp Screened	15	15	100.0%
CBTp Referred	12	12	100.0%
FIT	1	3	33.3%
Follow Up Appt	0	0	-
Disch Summary	0	1	0.0%
PSS	0	1	0.0%

Using Data for Quality Improvement

Antipsychotic Polypharmacy Trending

- Compare rates at medical staff association meetings
- Academic detailing as part of resident quality improvement project

% Patients Prescribed > 1 Antipsychotic (Excl. Cloz.)



Automated Decision Support

Automated referrals based on answers to screening tools

CBT for psychosis referral screening tool ✓

CBT screening

*Does patient have a psychotic illness?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Does patient talk openly about symptoms (i.e., are they able to talk openly about symptoms, even if they don't recognize them as such)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Does patient currently experience residual negative symptoms/delusions/ hallucinations	<input checked="" type="radio"/> Yes <input type="radio"/> No If No - Consider other groups first (e.g., Insight into Illness, Practical Facts about Mental Illness, etc.)
*Enter referral for CBT If no, indicate reason	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="checkbox"/> Floridly psychotic <input type="checkbox"/> Refusing intervention <input type="checkbox"/> No insight <input type="checkbox"/> Receiving CBTp <input type="checkbox"/> Physically unwell <input type="checkbox"/> Completed CBTp <input type="checkbox"/> Cognitive deficits <input type="checkbox"/> On wait list

Type	Suggestions	Action	Trigger	Result
<input checked="" type="checkbox"/>	CBT for Psychosis- 1:1	Order Now	Enter referral for CBT	Yes

Triggered By

Trigger	Answer	Reason	Assessment
Enter referral for CBT	Yes	Equal to Yes	CBT for psychosis referral scr

Order	Status	Start/Stop	
Order			
CBT for Psychosis- 1:1			
<input checked="" type="checkbox"/> Routine	New*	Tue Apr 03 11:43	*Edit
* Provider	Train,Doctor		
* Source	Interprofessional Referral		

Automated Decision Support

Physician documentation triggers best-practice standards for metabolic monitoring

- Physician Admission Assessment

Physician Admission Assessment

- Psychotropic Initiation/Change
 - Initiation/Change
 - Antipsychotic monitoring ordersets
 - Order Antipsychotic PRE-initiation labs & orders
 - Order Antipsychotic baseline/monitoring labs & orders
 - Order Clozapine PRE-initiation labs & orders
 - Order Clozapine baseline/monitoring labs & orders

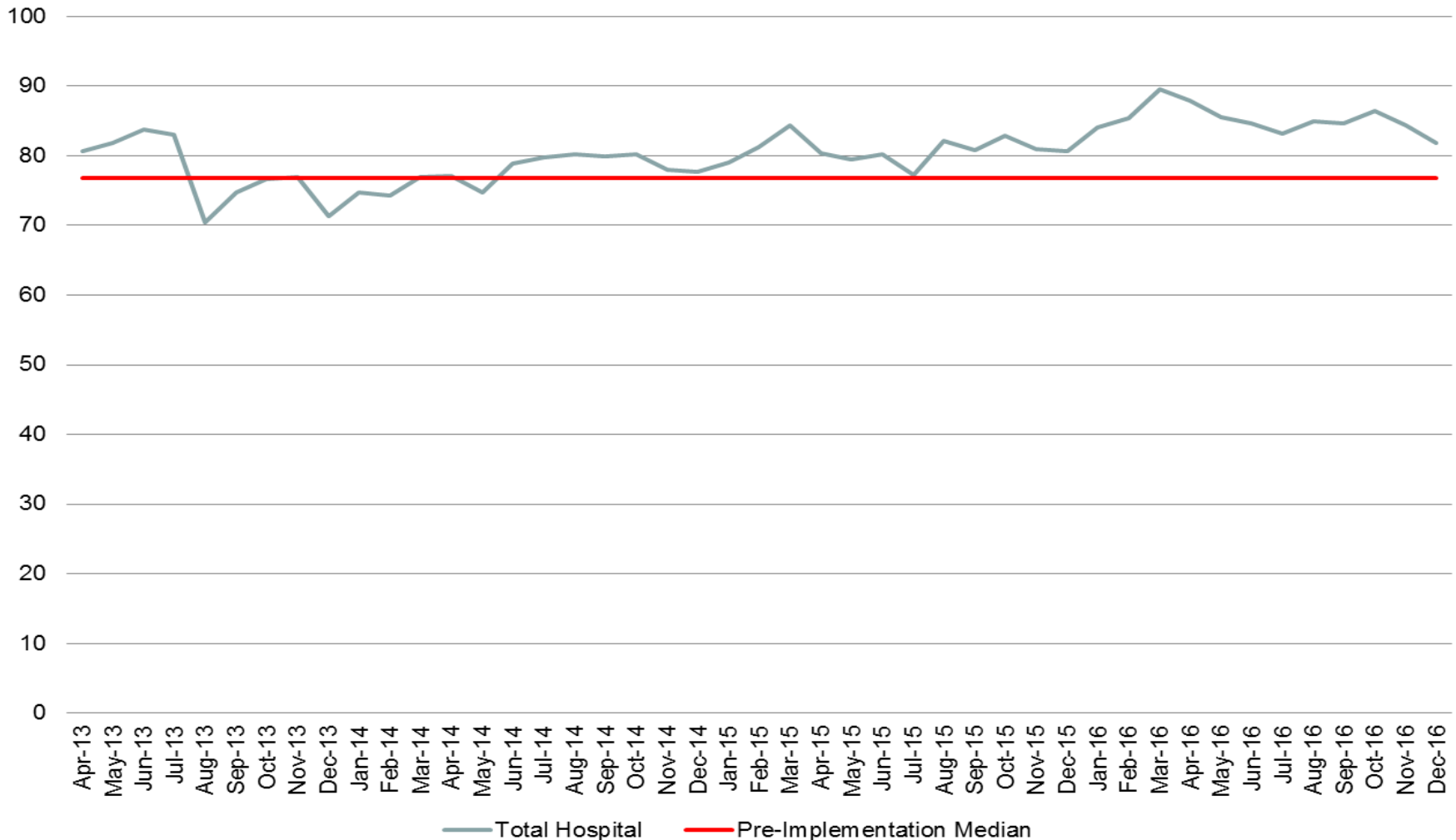
Order	Status	Start/Stop	
<input checked="" type="checkbox"/> _ADM Antipsychotic Baseline & Monitoring	New	Tue Apr 03 11:24	Edit
<input checked="" type="checkbox"/> Routine			
Reflex Orders			
Antipsychotic Baseline/Monitor Excluding Clozapine			
This order set represents guidelines. Each clinician can order at their discretion based on their clinical judgement.			
Monitoring <small>Automated Decision Support</small>			
Vital Signs, Height/Weight and Waist Circumference are already part of the patient's Standard of Care with a frequency of Q28D. If increased monitoring is required, please enter a new order.			
<input checked="" type="checkbox"/> AIMS Assessment			
<input checked="" type="checkbox"/> Q7D	Reflex	Tue Apr 03 11:24	Edit P
Lab Investigations			
<input checked="" type="checkbox"/> Glucose - Random [CHEM]			
<input checked="" type="checkbox"/> Routine	Reflex	Tue Jun 26 07:00	Edit
<input checked="" type="checkbox"/> Routine	Reflex	Tue Apr 03 11:24	Edit
<input checked="" type="checkbox"/> Q336D (1)	Reflex	Tue May 28 07:00	Edit
<input checked="" type="checkbox"/> Alanine Transaminase (ALT) [CHEM]			
<input checked="" type="checkbox"/> Routine	Reflex	Tue Apr 03 11:24	Edit
<input checked="" type="checkbox"/> Q168D (1)	Reflex	Tue Sep 18 07:00	Edit
<input checked="" type="checkbox"/> Lipid Profile - Fasting [CHEM]			
<input checked="" type="checkbox"/> Routine	Reflex	Tue Apr 03 11:24	Edit P
<input checked="" type="checkbox"/> Routine	Reflex	Tue Jun 26 07:00	Edit P
<input checked="" type="checkbox"/> Q336D (1)	Reflex	Tue May 28 07:00	Edit P
<input checked="" type="checkbox"/> Complete Blood Count (CBC) [HEM]			
<input checked="" type="checkbox"/> Routine	Reflex*	Tue Apr 03 11:24	*Edit
* Is this patient a clozapine patient?			
<input checked="" type="checkbox"/> Q336D (1)	Reflex*	Tue Mar 05 07:00	*Edit
* Is this patient a clozapine patient?			
<input checked="" type="checkbox"/> Electrolytes [CHEM]			
<input checked="" type="checkbox"/> Routine	Reflex	Tue Apr 03 11:24	Edit
<input checked="" type="checkbox"/> Q336D (1)	Reflex	Tue Mar 05 07:00	Edit
<input checked="" type="checkbox"/> HBA1C [CHEM]			
<input checked="" type="checkbox"/> Routine	Reflex	Tue Jun 26 07:00	Edit
<input checked="" type="checkbox"/> Routine	Reflex	Tue Apr 03 11:24	Edit
<input checked="" type="checkbox"/> Q336D (1)	Reflex	Tue May 28 07:00	Edit
Diagnostic Imaging As clinically indicated			
<input checked="" type="checkbox"/> ECG - Electrocardiogram			
<input checked="" type="checkbox"/> Routine	Reflex*	Tue Apr 03 11:24	*Edit
Referral As clinically indicated			
<input checked="" type="checkbox"/> Dietitian Referral			
<input type="checkbox"/> Routine			

Triggered By

Trigger	Answer	Reason	Section
Antipsychotic monitoring ordersets	Antipsychotic baseline	Equal to Antipsychotic baseline	Psychotropic Initiation/Change

Metabolic Monitoring Trends

% of Metabolic Monitoring Completed at Recommended Intervals (Total Hospital)



Order Set Creation and Optimization

- Diagnosis-based order sets do not work well in Psychiatry
- Order sets serve 2 main functions in Psychiatry
 - Convenience/efficiency
 - Evidence-based practice
- Consider treatment-based order sets versus diagnosis-based order sets
- Embed decision-support/exception handling and rules into order sets where possible
- No vendors to support this work; create mechanism to ensure regular review of content

ECT Pre-Initiation Order Set

Order	Status	Start/Stop	
ECT Pre-Initiation			
This order set represents guidelines. Each clinician can order at their discretion based on their clinical judgement.			
Preliminary Investigations			
1. CBC & differential if not done in the last 28 days on patients over 60 years of age or if clinically indicated.			
2. Urea, creatinine & electrolytes if patient is diabetic, receiving diuretics, lithium or psychotropic meds which may cause hyponatremia.			
3. INR, PTT for patient on anticoagulation.			
4. Chest x-ray is required if history or exam suggests cardiovascular or pulmonary disease.			
5. Cervical spine x-ray is required if patient has suspected cervical spine instability. Discuss with IHS.			
6. ECG is required on all patients.			
7. Anaesthesia consult is required on all patients.			
Diagnostic Imaging			
Chest 2 Views			
<input type="checkbox"/> Routine			
ECG - Electrocardiogram			
<input checked="" type="checkbox"/> Routine	New*	Tue Apr 03 11:19	*Edit
Lab orders			
Complete Blood Count (CBC) [HEM]			
<input type="checkbox"/> Routine			
Urea [CHEM]			
<input type="checkbox"/> Routine			
Creatinine [CHEM]			
<input type="checkbox"/> Routine			
Electrolytes [CHEM]			
<input type="checkbox"/> Routine			
INR [HEM]			
<input type="checkbox"/> Routine			
APTT [HEM]			
<input type="checkbox"/> Routine			
Alkaline Phosphatase [CHEM]			
<input type="checkbox"/> Routine			
Aspartate Transaminase (AST) [CHEM]			
<input type="checkbox"/> Routine			
Bilirubin - Direct [CHEM]			
<input type="checkbox"/> Routine			
Bilirubin - Total [CHEM]			
<input type="checkbox"/> Routine			
Albumin [CHEM]			
<input type="checkbox"/> Routine			
Glucose Fasting [CHEM]			
<input type="checkbox"/> Routine			
Lipid Profile - Fasting [CHEM]			
<input type="checkbox"/> Routine			
Thyrotropin (Sensitive TSH) [CHEM]			
<input type="checkbox"/> Routine			
Free Thyroxine (T4) [CHEM]			
<input type="checkbox"/> Routine			
Referrals			
ECT - Therapy Referral			
<input checked="" type="checkbox"/> Routine	New*	Tue Apr 03 11:19	*Edit
Pre-ECT IHS Referral			
<input checked="" type="checkbox"/> Routine	New	Tue Apr 03 11:19	Edit
Anaesthesia Consult			
<input checked="" type="checkbox"/> Routine	New	Tue Apr 03 11:19	Edit

Clozapine Monitoring Order Set

- Clozapine Initiation & Monitor 🔒
 This order set represents guidelines. Each clinician can order at their discretion based on their clinical judgement.

- Monitoring:
 Vital Signs, Height/Weight and Waist Circumference are already part of the patient's Standard of Care and with a frequency of Q28D. If increased monitoring is required, please enter a new order.

Clozapine Monitoring Form

<input checked="" type="checkbox"/> Q7D	New	Tue Apr 03 11:33	Edit
<input type="checkbox"/> AIMS Assessment			
<input checked="" type="checkbox"/> Q7D	New	Tue Apr 03 11:33	Edit P

- Medication Initiation - Week #1
Day 1 (Test Dose)

cloZAPine [Clozaril]

<input checked="" type="checkbox"/> 12.5 mg PO 1700 halftab	ONE	New	Tue Apr 03 11:33	Edit
			Tue Apr 03 11:34	M

Suggested Titration
 On the first day, Clozaril* (clozapine) should be given at a 12.5 mg dose (one-half of a 25 mg tablet) once or twice, followed by one or two tablets on the second day. If well tolerated, the dosage may be increased in daily increments of 25 mg to 50 mg, achieving a target dose of 300-450 mg/day by the end of two weeks. Subsequent dosage increases should be made no more than once or twice weekly, in increments not to exceed 100 mg. Cautious titration and a divided dosage schedule are necessary to minimize the risks of hypotension, seizure and sedation.

- Lab Investigations

+ Glucose - Random [CHEM]				
<input checked="" type="checkbox"/> Q84D (1)	Series		Tue Jun 26 07:00	Edit
			Tue Jun 26 07:00	
<input checked="" type="checkbox"/> Q336D (1)	Continuous		Tue May 28 07:00	Edit
+ Alanine Transaminase (ALT) [CHEM]				
<input checked="" type="checkbox"/> Q168D (1)	Continuous		Tue Sep 18 07:00	Edit
+ Lipid Profile - Fasting [CHEM]				
<input checked="" type="checkbox"/> Q84D (1)	Series		Tue Jun 26 07:00	Edit P
			Tue Jun 26 07:00	
<input checked="" type="checkbox"/> Q336D (1)	Continuous		Tue May 28 07:00	Edit M
+ Complete Blood Count (CBC) [HEM]				
<input checked="" type="checkbox"/> Q7D (1)	Continuous		Tue Apr 10 07:00	Edit
* Is this patient a clozapine patient? Yes				

Reassess CBC after 6 months

+ Electrolytes [CHEM]				
<input checked="" type="checkbox"/> Q336D (1)	Continuous		Tue Mar 05 07:00	Edit
+ HBA1C [CHEM]				
<input checked="" type="checkbox"/> Q84D (1)	Series		Tue Jun 26 07:00	Edit
			Tue Jun 26 07:00	
<input checked="" type="checkbox"/> Q336D (1)	Continuous		Tue May 28 07:00	Edit

- Diagnostic Imaging
As clinically indicated

ECG - Electrocardiogram

Routine

- Referral
As clinically indicated

Dietitian Referral

Routine

Improving Efficiency of Documentation and Workflow

- Use tick boxes in place of narrative where appropriate
- Allow patients or inter-professional staff to document what has traditionally been the domain of the physician
- Create interfaces between patient-facing scales/templates and the EMR
- Revisit workflows
- Automate notification of important clinical events
- Create inter-professional assessments
- Create standard lists of community resources that can be added to note with one click

Using Tick Boxes Where Appropriate

Admission Mental Status Exam

Appearance

Grooming	Neat	Overly meticulous	Unbathed	Unkempt	Malodorous	
Dress	Appropriate	Bulky	Dishevelled	Clean	Unclean	Unusual
Posture	Comfortable	Peculiar body posture	Slumped	Slouched	Rigid	
Eye Contact	Attentive	Avoidant	Staring	Fleeting		

Behaviour

Motor Activity	Appropriate	Hyperarousal	Entr othrs space/intrusiv	Ridgidity			
Pos/Neg	<input type="checkbox"/> All <input type="checkbox"/> Nil	Psychomotor retardation	Psychomotor agitation	Compulsive behaviors			
Other		Compulsive exercising	Unusul/abnormal movements	Impulsive behaviours			
Attitude during interaction	Cooperative	Withdrawn	Apathetic	Apprehensive	Guarded		
Pos/Neg	<input type="checkbox"/> All <input type="checkbox"/> Nil	Aggressive	Suspicious	Irritable	Seductive	Angry	Paranoid
		Resistive					

Speech

Speech	No problems identified	Unable to Assess	Soft	Loud	Pressured		
Pos/Neg	<input type="checkbox"/> All <input type="checkbox"/> Nil	Rapid	Slow	Selective mutism	Echolalia	Incoherent	Slurred
		Paucity	Aphasic	Mumbling	Language barrier	Unable to speak	

Mood

Mood: patients statement	
--------------------------	--

Affect

Affect quality	Euthymic	Dysphoric	Sad	Elated	Anxious	Angry	Fearful
	Irritable						
Affect range and intensity	Flat	Blunted	Normal	Expansive	Labile	Constricted	
Pos/Neg	<input type="checkbox"/> All <input type="checkbox"/> Nil						
Affect congruent to	Yes	No					

Patient Documents PHQ-9 Which Flows into EMR

Patient Documentation

Patient health questionnaire 9

Over the LAST 2 WEEKS, how often have you been bothered by any of the following problems

Required Question
Little interest or pleasure in doing things

0 - Not at all
 1 - Several days
 2 - More than half the days
 3 - Nearly every day

Required Question
Feeling down, depressed, or hopeless

0 - Not at all
 1 - Several days
 2 - More than half the days
 3 - Nearly every day

Required Question
Trouble falling or staying asleep, or sleeping too much

0 - Not at all
 1 - Several days
 2 - More than half the days
 3 - Nearly every day

Required Question
Feeling tired or having little energy

0 - Not at all



EMR

View Assessment

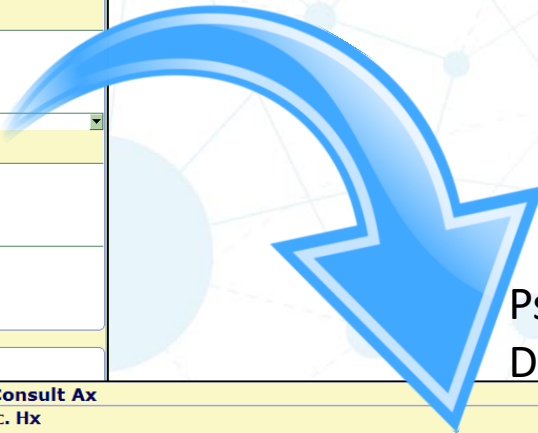
Tue Apr 3 11:31 by TH

Patient health questionnaire 9
PHQ-9

1. Little interest or pleasure in doing things	2 - More than half the days
2. Feeling down, depressed, or hopeless	3 - Nearly every day
3. Trouble falling or staying asleep, or sleeping too much	1 - Several days
4. Feeling tired or having little energy	1 - Several days
5. Poor appetite or overeating	0 - Not at all
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	2 - More than half the days
7. Trouble concentrating on things, such as reading the newspaper or watching television	2 - More than half the days
8. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so	0 - Not at all

Show Text Earlier Later Back

Example of Allied Staff Documentation Pulling into Psychiatrist's Consult



Allied Documentation

Illness Information

Illness

Average Age At the Onset of Mental Illness: 17

Have You Ever Been Hospitalized in a Psychiatric Facility: Yes No

Average Age at First Psychiatric Hospitalization: 19

Past Psychiatric History: Previous hospitalization on psychiatric facility related to ... [End]

Other Past Psychiatric History:

Family

Precipitating Stress Factors: Family Housing Legal Pain Situational crisis Financial Lack of support system Marital School Work

Family Psychiatric History: Paternal Grandfather was diagnosed with schizophrenia...

Other Family Psychiatric:

Psychiatrist Documentation

OP Admission/Consult Ax

Patient and Family Psyc. Hx

Patient History

Precipitating Stress Factors: Family Financial Housing Legal Marital Pain Situational crisis School Work

History of Present Illness

Average Age At the Onset of Mental Illness: 17 Comment:

Have You Ever Been Hospitalized in a Psychiatric Facility: Yes No

Average Age at First Psychiatric Hospitalization: 19 Comment:

Previous Psychiatric History: [Previous hospitalization on psychiatric facility related to ...

Past Electroconvulsive Treatment: Yes No Comment:

Family History

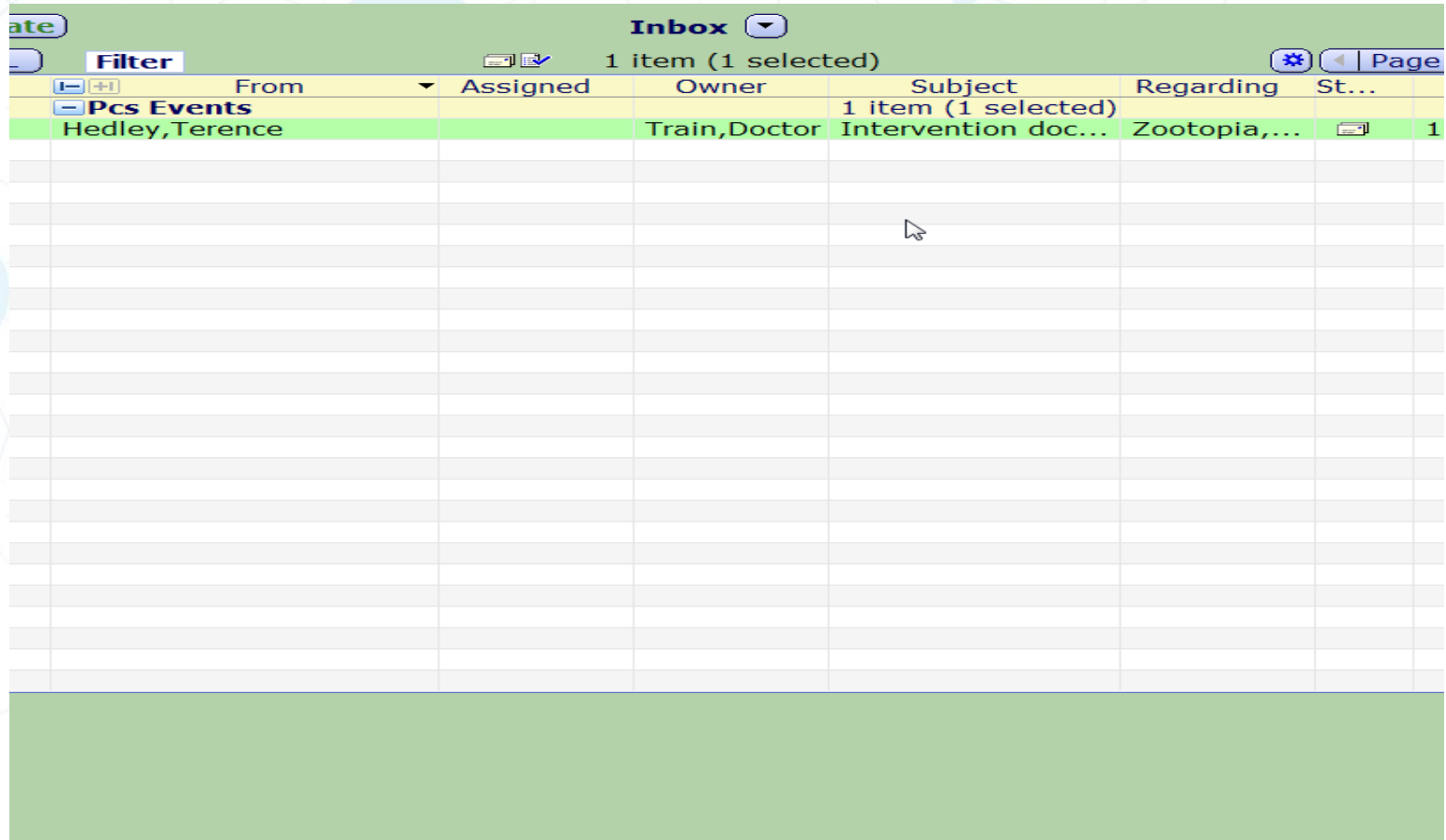
Family History: [Paternal Grandfather was diagnosed with schizophrenia...

Past Personal Social History:

Revisiting Workflows

Reconcile							
Current Orders		Category	Start	Stop	Status		
Home Medications		Last Taken at Home	SCH	NS	Start/Stop		Status
Acetaminophen							
[-] 325 MG Tab [Tylenol or Equivalent]							
<input checked="" type="checkbox"/>	650 mg PO Q4H	<input type="checkbox"/>	PRN		Thu Apr 05 11:39	Edit	<input checked="" type="radio"/> Cont <input type="radio"/> Hold
* Provider		Train, Doctor					
* Source		Standing Order					
DULoxetine							
[-] 60 MG Cap [Cymbalta]							
<input checked="" type="checkbox"/>	60 mg PO QAM	<input type="checkbox"/>	SCH		Fri Apr 06 08:00	Edit	<input checked="" type="radio"/> Cont <input type="radio"/> Hold
* Provider		Train, Doctor					
* Source		Standing Order					
Zopiclone							
[-] 3.75 MG Tab [Imovane or Equivalent]							
<input checked="" type="checkbox"/>	3.75 mg PO QHS	<input type="checkbox"/>	SCH		Thu Apr 05 21:00	Edit	<input checked="" type="radio"/> Cont <input type="radio"/> Hold
* Provider		Train, Doctor					
* Source		Standing Order					

Automating Notices for Important Clinical Events



The screenshot shows an email inbox interface. At the top, there is a header bar with the word 'ate' on the left, 'Inbox' in the center with a dropdown arrow, and '1 item (1 selected)' on the right. Below this is a 'Filter' section with a plus icon and a minus icon. The main area is a table with columns: From, Assigned, Owner, Subject, Regarding, and St... (Status). The table contains one row of data, which is highlighted in green. Below the table is a green footer bar.

From	Assigned	Owner	Subject	Regarding	St...
Hedley, Terence		Train, Doctor	Intervention doc...	Zootopia, ...	1

Patient Portal



Messaging functionality allows service users to send any non urgent messages to providers

Display clinical data, including reports, allergies & conditions, labs & microbiology

View medications, education materials and renew medications

Ability to view all upcoming booked appointments & appointments can be requested, cancelled, & rescheduled directly from the portal

Ability to view & request updates to demographic information

The ability for service users to document within their chart

