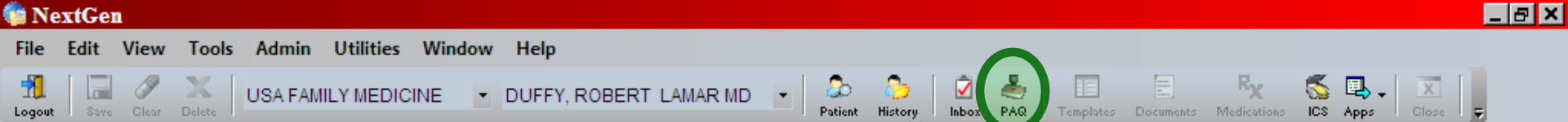


NEXTGEN PAQ (PROVIDER APPROVAL QUEUE) DEMONSTRATION

This demonstration reviews usage of the PAQ. Details of the workflow will likely vary somewhat, depending on practice policy, though this should give you a good idea of the PAQ functionality.

This has been prepared for EHR 5.8 & KBM 8.3, though a few screen shots from earlier versions may be used when they don't affect the clarity of the presentation. Subsequent updates may display cosmetic & functional changes.

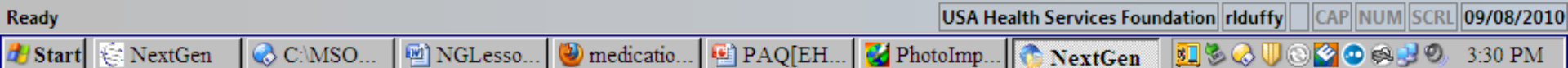
Use the keyboard or mouse to pause, review, & resume as necessary.



The **Provider Approval Queue**, or PAQ, is where providers receive, view, & sign off visit notes, lab & X-ray reports, image files, & scanned paperwork.

Providers are initially a bit confused as to the difference between the Task List (Inbox) & the PAQ. Hopefully this lesson & the separate lesson on Tasks will clear that up.

To access the PAQ, click the **PAQ** icon at the top.



Provider Approval Queue - Sign In

User Name:

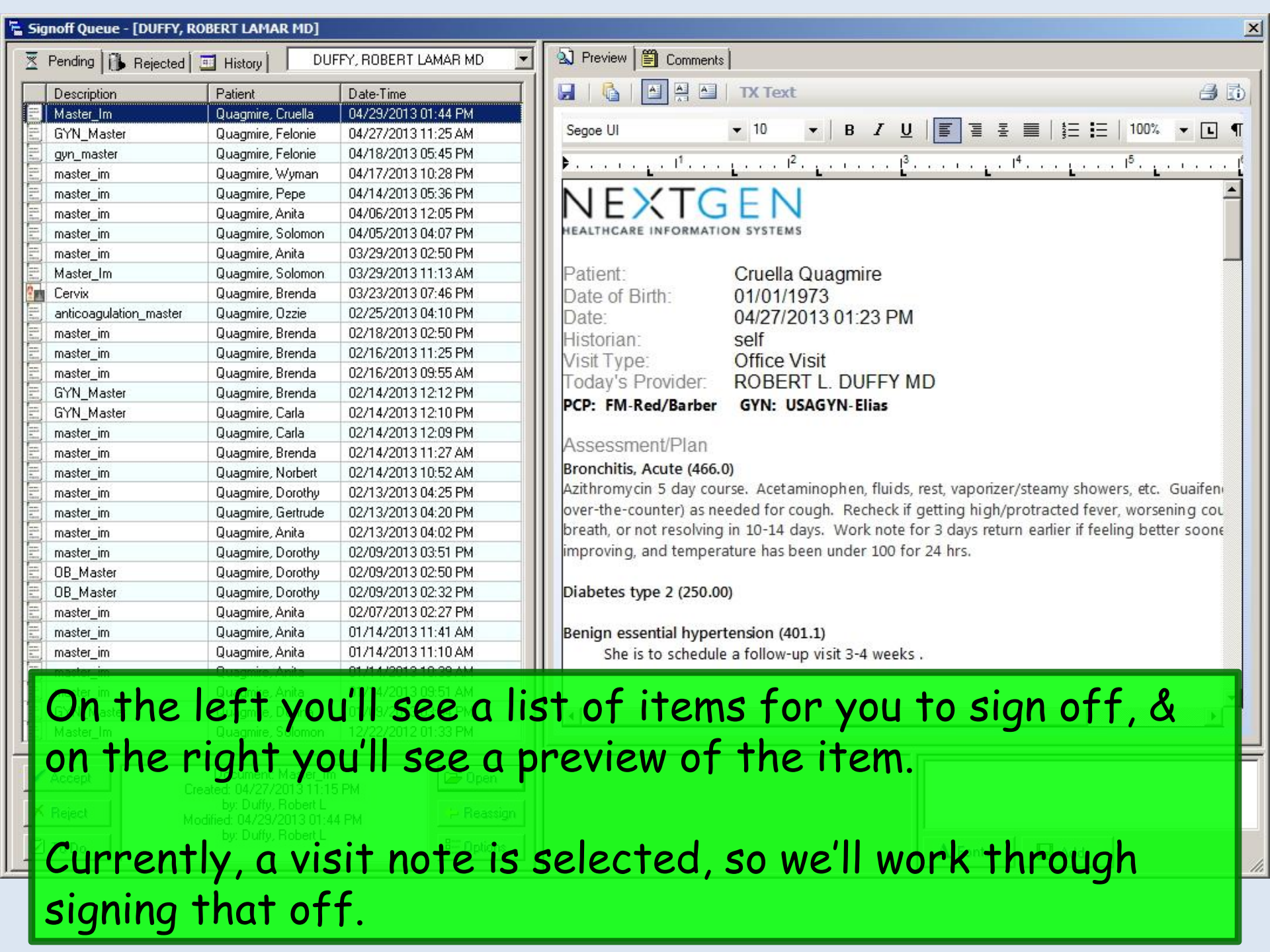
Password:

Keep me signed in on this computer unless I log out

NEXTGEN
HEALTHCARE INFORMATION SYSTEMS

Sign In Cancel

When you open your PAQ, you will be required to give your password. To avoid having to repeat this step, click the **Keep me signed in...** checkbox, & you won't have to supply your password again for the remainder of this NextGen session.



Description	Patient	Date-Time
Master_Im	Quagmire, Cruella	04/29/2013 01:44 PM
GYN_Master	Quagmire, Felonie	04/27/2013 11:25 AM
gyn_master	Quagmire, Felonie	04/18/2013 05:45 PM
master_im	Quagmire, Wyman	04/17/2013 10:28 PM
master_im	Quagmire, Pepe	04/14/2013 05:36 PM
master_im	Quagmire, Anita	04/06/2013 12:05 PM
master_im	Quagmire, Solomon	04/05/2013 04:07 PM
master_im	Quagmire, Anita	03/29/2013 02:50 PM
Master_Im	Quagmire, Solomon	03/29/2013 11:13 AM
Cervix	Quagmire, Brenda	03/23/2013 07:46 PM
anticoagulation_master	Quagmire, Ozzie	02/25/2013 04:10 PM
master_im	Quagmire, Brenda	02/18/2013 02:50 PM
master_im	Quagmire, Brenda	02/16/2013 11:25 PM
master_im	Quagmire, Brenda	02/16/2013 09:55 AM
GYN_Master	Quagmire, Brenda	02/14/2013 12:12 PM
GYN_Master	Quagmire, Carla	02/14/2013 12:10 PM
master_im	Quagmire, Carla	02/14/2013 12:09 PM
master_im	Quagmire, Brenda	02/14/2013 11:27 AM
master_im	Quagmire, Norbert	02/14/2013 10:52 AM
master_im	Quagmire, Dorothy	02/13/2013 04:25 PM
master_im	Quagmire, Gertrude	02/13/2013 04:20 PM
master_im	Quagmire, Anita	02/13/2013 04:02 PM
master_im	Quagmire, Dorothy	02/09/2013 03:51 PM
OB_Master	Quagmire, Dorothy	02/09/2013 02:50 PM
OB_Master	Quagmire, Dorothy	02/09/2013 02:32 PM
master_im	Quagmire, Anita	02/07/2013 02:27 PM
master_im	Quagmire, Anita	01/14/2013 11:41 AM
master_im	Quagmire, Anita	01/14/2013 11:10 AM

Preview Comments

TX Text

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NEXTGEN
HEALTHCARE INFORMATION SYSTEMS

Patient: Cruella Quagmire
Date of Birth: 01/01/1973
Date: 04/27/2013 01:23 PM
Historian: self
Visit Type: Office Visit
Today's Provider: ROBERT L. DUFFY MD
PCP: FM-Red/Barber GYN: USAGYN-Elias

Assessment/Plan

Bronchitis, Acute (466.0)
Azithromycin 5 day course. Acetaminophen, fluids, rest, vaporizer/steamy showers, etc. Guaifenesin (over-the-counter) as needed for cough. Recheck if getting high/protracted fever, worsening cough/breath, or not resolving in 10-14 days. Work note for 3 days return earlier if feeling better sooner improving, and temperature has been under 100 for 24 hrs.

Diabetes type 2 (250.00)

Benign essential hypertension (401.1)
She is to schedule a follow-up visit 3-4 weeks.

On the left you'll see a list of items for you to sign off, & on the right you'll see a preview of the item.

Currently, a visit note is selected, so we'll work through signing that off.

Signoff Queue - [DUFFY, ROBERT LAMAR MD]

Pending Rejected History DUFFY, ROBERT LAMAR MD Preview Comments

Description	Patient	Date-Time
Master_Im	Quagmire, Cruella	04/29/2013 01:44 PM
GYN_Master	Quagmire, Felonie	04/27/2013 11:25 AM
gyn_master	Quagmire, Felonie	04/18/2013 05:45 PM
master_im	Quagmire, Wyman	04/17/2013 10:28 PM
master_im	Quagmire, Pepe	04/14/2013 05:36 PM
master_im	Quagmire, Anita	04/06/2013 12:05 PM
master_im	Quagmire, Solomon	04/05/2013 04:07 PM
master_im	Quagmire, Anita	03/29/2013 02:50 PM
Master_Im	Quagmire, Solomon	03/29/2013 11:13 AM
Cervix	Quagmire, Brenda	03/23/2013 07:46 PM
anticoagulation_master	Quagmire, Ozzie	02/25/2013 04:10 PM
master_im	Quagmire, Brenda	02/18/2013 02:50 PM
master_im	Quagmire, Brenda	02/16/2013 11:25 PM
master_im	Quagmire, Brenda	02/16/2013 09:55 AM
GYN_Master	Quagmire, Brenda	02/14/2013 12:12 PM
GYN_Master	Quagmire, Carla	02/14/2013 12:10 PM
master_im	Quagmire, Carla	02/14/2013 12:09 PM
master_im	Quagmire, Brenda	02/14/2013 11:27 AM
master_im	Quagmire, Norbert	02/14/2013 10:52 AM
master_im	Quagmire, Dorothy	02/13/2013 04:25 PM
master_im	Quagmire, Gertrude	02/13/2013 04:20 PM
master_im	Quagmire, Anita	02/13/2013 04:02 PM
master_im	Quagmire, Dorothy	02/09/2013 03:51 PM
OB_Master	Quagmire, Dorothy	02/09/2013 02:50 PM
OB_Master	Quagmire, Dorothy	02/09/2013 02:32 PM
master_im	Quagmire, Anita	02/07/2013 02:27 PM
master_im	Quagmire, Anita	01/14/2013 11:41 AM
master_im	Quagmire, Anita	01/14/2013 11:10 AM
master_im	Quagmire, Anita	01/14/2013 10:39 AM
master_im	Quagmire, Anita	01/14/2013 09:51 AM
GYN_Master	Quagmire, Donna	01/09/2013 03:34 PM
Master_Im	Quagmire, Solomon	12/22/2012 01:33 PM

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NEXTGEN
HEALTHCARE INFORMATION SYSTEMS

Patient: Cruella Quagmire
 Date of Birth: 01/01/1973
 Date: 04/27/2013 01:23 PM
 Historian: self
 Visit Type: Office Visit
 Today's Provider: ROBERT L. DUFFY MD
PCP: FM-Red/Barber GYN: USAGYN-Elías

Assessment/Plan

Bronchitis, Acute (466.0)
 Azithromycin 5 day course. Acetaminophen, fluids, rest, vaporizer/steamy showers, etc. Guaifene (over-the-counter) as needed for cough. Recheck if getting high/protracted fever, worsening cough, or not resolving in 10-14 days. Work note for 3 days return earlier if feeling better sooner improving, and temperature has been under 100 for 24 hrs.

Diabetes type 2 (250.00)

Benign essential hypertension (401.1)
 She is to schedule a follow-up visit 3-4 weeks .

The preview on the right is a basic word processor, allowing you to scroll through the note, & directly edit the text that has been generated.



NextGen often generates a stiffly-worded, oddly-punctuated note. It will be tempting for some to go through this note & heavily edit the wording.

There is one thing to keep in mind, however, if you edit this text. If the document is regenerated from the template, either by you or someone else with access to the encounter, the document will be overwritten, & the edits you make will be lost.

So if you need to make major changes to the content of the note, it is best to go back to the template & modify your documentation. And, unless the wording is something you just absolutely can't live with, the most efficient use of your time is probably to accept it as is.

Description	Patient	Date-Time
Master_Im	Quagmire, Cruella	04/29/2013 01:44 PM
GYN_Master	Quagmire, Felonie	04/27/2013 11:25 AM
gyn_master	Quagmire, Felonie	04/18/2013 05:45 PM
master_im	Quagmire, Wyman	04/17/2013 10:28 PM
master_im	Quagmire, Pepe	04/14/2013 05:36 PM
master_im	Quagmire, Anita	04/06/2013 12:05 PM
master_im	Quagmire, Solomon	04/05/2013 04:07 PM
master_im	Quagmire, Anita	03/29/2013 03:59 PM
master_im	Quagmire, Solomon	03/29/2013 11:15 AM
anticoagulation_master	Quagmire, Dzzie	02/25/2013 04:10 PM
master_im	Quagmire, Brenda	02/18/2013 03:59 PM
master_im	Quagmire, Brenda	02/15/2013 09:55 AM
GYN_Master	Quagmire, Carla	02/14/2013 12:10 PM
master_im	Quagmire, Carla	02/14/2013 12:09 PM
master_im	Quagmire, Norbert	02/14/2013 10:52 AM
master_im	Quagmire, Dorothy	02/13/2013 04:25 PM
master_im	Quagmire, Gertrude	02/13/2013 04:20 PM
master_im	Quagmire, Anita	02/13/2013 04:12 PM
master_im	Quagmire, Dorothy	02/09/2013 03:51 PM
OB_Master	Quagmire, Dorothy	02/09/2013 02:50 PM
OB_Master	Quagmire, Dorothy	02/09/2013 02:32 PM
master_im	Quagmire, Anita	02/07/2013 02:27 PM
master_im	Quagmire, Anita	01/14/2013 11:41 AM
master_im	Quagmire, Anita	01/14/2013 11:10 AM
master_im	Quagmire, Anita	01/14/2013 10:39 AM
master_im	Quagmire, Anita	01/14/2013 09:51 AM
GYN_Master	Quagmire, Donna	01/09/2013 03:34 PM
Master_Im	Quagmire, Solomon	12/22/2012 01:33 PM

Preview Comments

TX Text

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NEXTGEN
HEALTHCARE INFORMATION SYSTEMS

ROBERT L. DUFFY, MD

Bronchitis, Acute (466.0)
Azithromycin 5 day course. Acetaminophen, fluids, rest, vaporizer/steamy showers, etc. Guaifene (over-the-counter) as needed for cough. Recheck if getting high/protracted fever, worsening cough/breath, or not resolving in 10-14 days. work note for 3 days return earlier if feeling better soon improving, and temperature has been under 100 for 24 hrs.

Diabetes type 2 (250.00)

Benign essential hypertension (401.1)
She is to schedule a follow-up visit 3-4 weeks .

If you have reviewed the note & find the content satisfactory, you can click the **Accept** button. This applies your electronic signature, completing your signoff of this document. It will drop out of your PAQ, & the next item will display.

Accept

Reject

To Do

Document: Master_Im
Created: 04/27/2013 11:15 PM
by: Duffy, Robert L
Modified: 04/29/2013 01:44 PM
by: Duffy, Robert L

Open

Reassign

Options

Font...

Add

Pending Rejected History DUFFY, ROBERT LAMAR MD

Description	Patient	Date-Time
Master_Im	Quagmire, Cruella	04/29/2013 01:44 PM
GYN_Master	Quagmire, Felonie	04/27/2013 11:25 AM
gyn_master	Quagmire, Felonie	04/18/2013 05:45 PM
master_im	Quagmire, Wyman	04/17/2013 10:28 PM
master_im	Quagmire, Pepe	04/14/2013 05:36 PM
master_im	Quagmire, Anita	04/06/2013 12:05 PM
master_im	Quagmire, Solomon	04/05/2013 04:07 PM
master_im	Quagmire, Anita	03/29/2013 02:50 PM

Preview Comments

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NEXTGEN
HEALTHCARE INFORMATION SYSTEMS

Depending upon your screen size & resolution, you may well not be able to see the full width of the note on the right, which is annoying. An alternative is to click the **Open** button, which will open the patient's chart, & display the note at full width.

master_im	Quagmire, Anita	02/13/2013 04:25 PM
master_im	Quagmire, Anita	02/13/2013 04:20 PM
master_im	Quagmire, Anita	02/13/2013 04:02 PM
master_im	Quagmire, Dorothy	02/09/2013 03:51 PM
OB_Master	Quagmire, Dorothy	02/09/2013 02:50 PM
OB_Master	Quagmire, Dorothy	02/09/2013 02:32 PM
master_im	Quagmire, Anita	02/07/2013 02:27 PM
master_im	Quagmire, Anita	01/14/2013 11:41 AM
master_im	Quagmire, Anita	01/14/2013 11:10 AM
master_im	Quagmire, Anita	01/14/2013 10:39 AM
master_im	Quagmire, Anita	01/14/2013 09:51 AM
GYN_Master	Quagmire, Donna	01/09/2013 03:34 PM
Master_Im	Quagmire, Solomon	12/22/2012 01:33 PM

Today's Provider: ROBERT L. DUFFY MD
 Azithromycin 5 day course, Acetaminophen, fluids, rest, vaporizer/steamy showers, etc. Guaifenesin (over-the-counter) as needed for cough. Recheck if getting high/protracted fever, worsening colic breath, or not resolving in 10-14 days. Work note for 3 days return earlier if feeling better soon
 improving, and temperature has been under 100 for 24 hrs.

Diabetes type 2 (250.00)

Benign essential hypertension (401.1)

She is to schedule a follow-up visit 3-4 weeks .

Accept

Reject

To Do

Document: Master_Im
 Created: 04/27/2013 11:15 PM
 by: Duffy, Robert L
 Modified: 04/29/2013 01:44 PM
 by: Duffy, Robert L

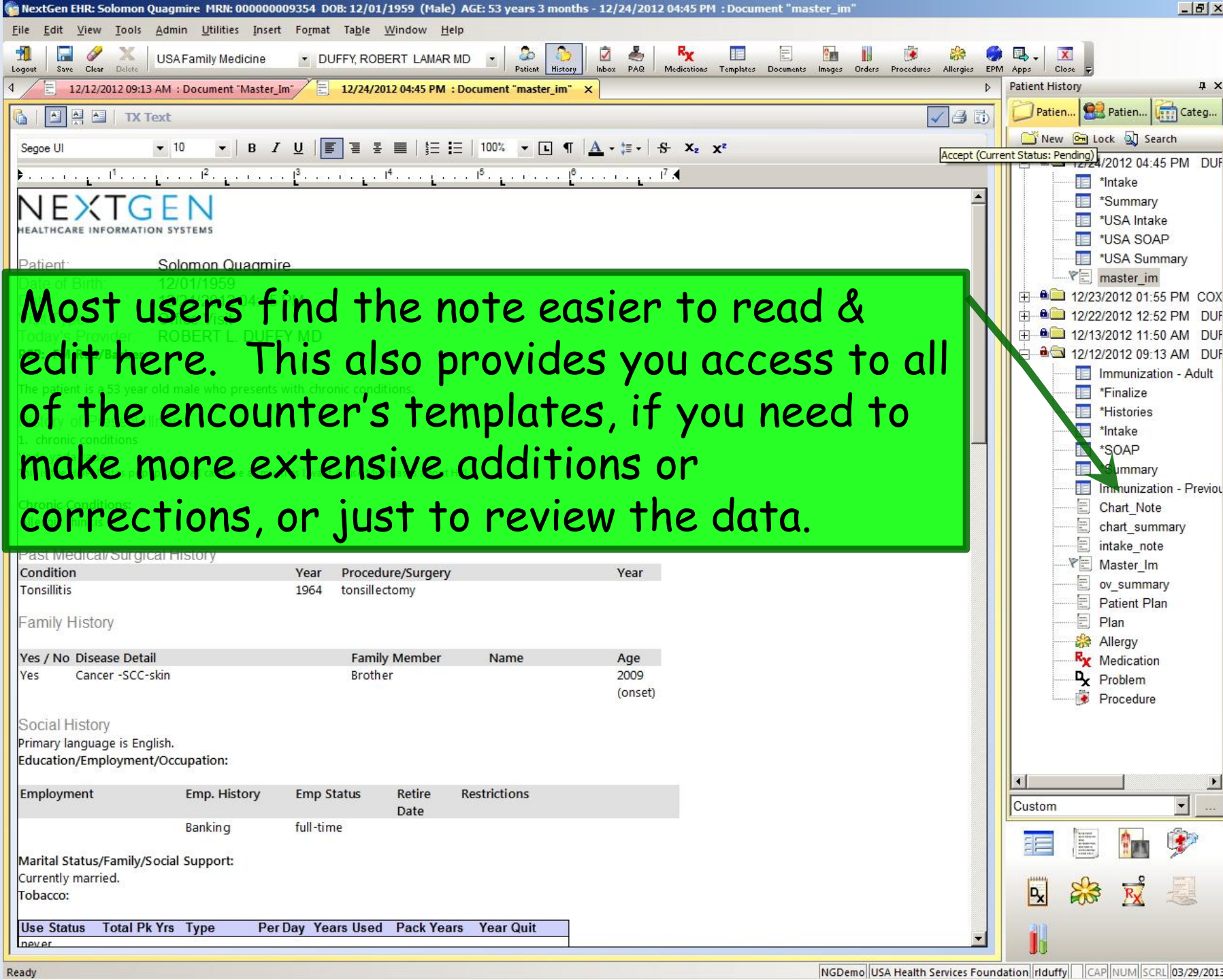
Open

Reassign

Options

Font...

Add



NEXTGEN HEALTHCARE INFORMATION SYSTEMS
Patient: Solomon Quagmire
Date of Birth: 12/01/1959
Today's Provider: ROBERT L. DUFFY MD
The patient is a 53 year old male who presents with chronic conditions.
Chronic Conditions:

Most users find the note easier to read & edit here. This also provides you access to all of the encounter's templates, if you need to make more extensive additions or corrections, or just to review the data.

Past Medical/Surgical History

Condition	Year	Procedure/Surgery	Year
Tonsillitis	1964	tonsillectomy	

Family History

Yes / No	Disease Detail	Family Member	Name	Age
Yes	Cancer -SCC-skin	Brother		2009 (onset)

Social History

Primary language is English.
Education/Employment/Occupation:

Employment	Emp. History	Emp Status	Retire Date	Restrictions
	Banking	full-time		

Marital Status/Family/Social Support:
Currently married.
Tobacco:

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Patient History

- 12/24/2012 04:45 PM DUF
- *Intake
- *Summary
- *USA Intake
- *USA SOAP
- *USA Summary
- master_im
- 12/23/2012 01:55 PM COX
- 12/22/2012 12:52 PM DUF
- 12/13/2012 11:50 AM DUF
- 12/12/2012 09:13 AM DUF
- Immunization - Adult
- *Finalize
- *Histories
- *Intake
- *SOAP
- Summary
- Immunization - Previous
- Chart_Note
- chart_summary
- intake_note
- Master_Im
- ov_summary
- Patient Plan
- Plan
- Allergy
- Medication
- Problem
- Procedure

Custom

TX Text

One problem with NextGen's notes is that they tend to be long, detailed, & awkwardly worded (though that *is* getting better). This increases the odds that the 2-3 sentences that you think are most important can get lost in the background noise.

There are some things you can do to highlight key phrases within the note.

For example, say you want to draw attention to the abnormal vaginal & cervical exam below.

Overall appearance - No acute distress.

External eye: w/o excessive wax or inflam, Left: w/o excessive wax or inflam, TM - Right:

Uninflamed, Left: Uninflamed.

External nose - Nares clear. Oropharynx - Clear.

Neck - No lymphadenopathy.

No cervical or supraclavicular adenopathy.

Respiratory - Normal.

Cardiovascular - Regular rate and rhythm. No murmurs, gallops, or rubs.

Abdomen - Inspection - No masses.

Abdomen - No abdominal tenderness.

Genitourinary - Cervix - purulent discharge, tender. Vaginal - Grayish discharge.

Genitourinary - Uterus - Normal. Adnexa - Normal.

Extremity - Monofilament Exam. No edema.

Neurological - Sensory - Motor/sensory grossly nl.

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Highlight the desired text.

One alternative would be to enlarge the font size.

Measured By:

Time

4:15 PM

Physical Exam

Exam

Details

Constitutional

Overall appearance - No acute distress.

Ears

Canal - Right: w/o excessive wax or inflam, Left: w/o excessive wax or inflam. TM - Right: Uninflamed, Left: Uninflamed.

Nasopharynx

External nose - Nares clear. Oropharynx - Clear.

Neck Exam

Inspection - Normal. Palpation - Normal.

Lymph Detail

No cervical or supraclavicular adenopathy.

Respiratory

Auscultation - Normal.

Cardiovascular

Regular rate and rhythm. No murmurs, gallops, or rubs.

Abdomen

Inspection - No masses.

Abdomen

No abdominal tenderness.

Genitourinary

Cervix - purulent discharge, tender. Vaginal - Grayish discharge.

Genitourinary

Uterus - Normal. Adnexa - Normal.

Extremity

Monofilament Exam. No edema.

Neurological

Sensory - Motor/sensory grossly nl.

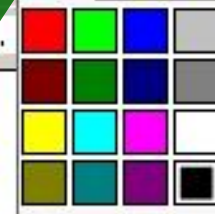
TX Text

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Measured By:

Time

Measured by

4:15 PM

Robert L. Duffy

Physical Exam

Exam

Constitution

Ears

Nasopharynx

Neck Exam

Lymph Detail

Respiratory

Cardiovascular

Abdomen

Abdomen

Genitourinary

Genitourinary

Extremity

Neurological

Another choice would be to change the text color.

Canal - Right: w/o excessive wax or inflam, Left: w/o excessive wax or inflam. TM - Right: Uninflamed, Left: Uninflamed.

External nose - Nares clear. Oropharynx - Clear.

Inspection - Normal. Palpation - Normal.

No cervical or supraclavicular adenopathy.

Auscultation - Normal.

Regular rate and rhythm. No murmurs, gallops, or rubs.

Inspection - No masses.

No abdominal tenderness.

Cervix - purulent discharge, tender. Vaginal - Grayish discharge.

Uterus - Normal. Adnexa - Normal.

Monofilament Exam. No edema.

Sensory - Motor/sensory grossly nl.

TX Text

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Measured By:

Time

Measured by

12/24/2012 02:15 PM

Robert L. Duffy

You could similarly highlight a few lines in the plan that address this problem. This way you, or the next provider to see the patient, would be immediately drawn to the key items of the encounter.

Physical Exam

Exam

Constitutional

Ear

Overall appearance - No acute distress.

Ears - Right: w/ normal cerumen, no wax or inflam. Left: w/o excessive wax or inflam. TM - Right:

Uninflamed, Left: Uninflamed.

Nasopharynx

External nose - Nares clear. Oropharynx - Clear.

Neck Exam

Inspection - Normal. Palpation - Normal.

Lymph Detail

No cervical or supraclavicular adenopathy.

Respiratory

Auscultation - Normal.

Cardiovascular

Regular rate and rhythm. No murmurs, gallops, or rubs.

Abdomen

Inspection - No masses.

Abdomen

No abdominal tenderness.

Genitourinary

Cervix - purulent discharge, tender. Vaginal - Grayish discharge.

Genitourinary

Uterus - Normal. Adnexa - Normal.

Extremity

Monofilament Exam. No edema.

Neurological

Sensory - Motor/sensory grossly nl.

12/24/2012 02:15 PM : "*USA SOAP" 12/24/2012 02:15 PM : Document "master_im" x

TX Text

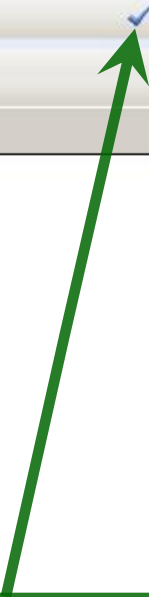
Segoe UI 10 B I U | 100% L ¶ A S x₂ x²

Measured By:

Time	Measured by
4:15 PM	Robert L. Duffy

Physical Exam

Exam	Details
Constitutional	Overall appearance - No acute distress.
Ears	Canal - Right: w/o excessive wax or inflam, Left: w/o excessive wax or inflam. TM - Right: Uninflamed, Left: Uninflamed.
Nasopharynx	External nose - Nares clear. Oropharynx - Clear.
Neck Exam	Inspection - Normal. Palpation - Normal.
Lymph Detail	No cervical or supraclavicular adenopathy.
Respiratory	Auscultation - Normal.
Cardiovascular	Inspection - No masses.
Abdomen	Inspection - No masses.
Genitourinary	Inspection - Normal. Palpation - Normal.
Extremities	Inspection - Normal. Palpation - Normal.
Neurological	Sensory - Motor/sensory grossly nl.



When you are satisfied with the note, click the **check mark** at the upper right. This is the same as signing the note off in your PAQ, & the note will drop out of your PAQ.

Once you have signed it off, you can't edit it further; if you need to change it, you'll need to go back to the template, make your changes, & generate it again.

Revision History

<Active revision>
04/29/2013 08:47 PM (04/29/2013 01:44 PM (04/29/2013 01:20 PM (04/27/2013 11:20 PM (04/27/2013 11:17 PM (04/27/2013 11:17 PM (04/27/2013 11:17 PM (04/27/2013 11:17 PM

Exam	Details
Constitutional	Overall appearance - No acute distress, overweight.
Ears	Canal - Right: w/o excessive wax or inflam, Left: w/o excessive wax or inflam. TM Uninflamed, Left: Uninflamed.
Nose/Mouth/Throat	Nares - Right: yellow drainage, Left: yellow drainage. Lips/teeth/gums - Tobacco Oropharynx - Clear.
Nasopharynx	Lips/teeth/gums - Tobacco stains. Oropharynx - Clear.
Neck Exam	Thyroid gland - Without thyromegaly or nodules.
Neck Exam	Inspection - Normal. Palpation - Normal.
Lymph Detail	No cervical or supraclavicular adenopathy.
Respiratory	Mild bilat rhonchi on initial deep breaths, then clearing.
Cardiovascular	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Inspection - No masses.
Abdomen	No abdominal tenderness.

Patient History

Pa... Pa... Ca...

New Lock Search

04/27/2013 01:23 |

- *Finalize
- USA Historie
- *USA Intake
- *USA SOAP
- *USA Summ:
- intake_note
- Master_Im
- Patient Plan
- Allergy
- Medication
- Problem
- Procedure

Note if you want to see a list of earlier versions of the document, you can click the **Revision History Button** at the upper left. Select any one of them, & it will show you the document as it existed in that version.

Encounter submitted for review by ROBERT LAMAR DUFFY MD on 04/27/2013 11:15 PM.
Supervising Provider: on 04/29/2013.

Document generated by: Robert L. Duffy 04/29/2013 01:44 PM
NextGen HealthCare Information Systems
795 Horsham Rd. Horsham, PA 19044

Electronically signed by ROBERT L. DUFFY MD on 04/29/2013 08:47 PM

Custom

Pa... Pa... Ca...
New Lock Search
04/27/2013 01:23
Analyze
USA Historie
USA Intake
USA SOAP
USA Summ:
Intake_note
Master_Im
Patient Plan
Allergy
Medication
Problem
Procedure

Also notice that, if you just want to add an extra line or two to a note you've already signed off, rather than regenerate the document, you can click the **Addendum Button** at the upper right.

Type your addendum then click the **Save Button**.

Exam	Details
Constitutional	Overall appearance - No acute distress, overweight.
Ears	Canal - Right: w/o excessive wax or inflammation, Left: w/o excessive wax or inflammation. TM - Right: Intact, Left: Intact.
Nose/M	Mucosa - Right: yellow, Left: yellow. Discharge - Right: none, Left: none.
Nasopharynx	Oropharynx - Clear.
Neck Exam	Thyroid gland - Without thyromegaly or nodules.
Neck Exam	Trachea - Midline.
Lymph Detail	No cervical or supraclavicular adenopathy.
Respiratory	Mildly hyperinflated on initial inspiration, then clearing.
Cardiovascular	Normal heart sounds.
Abdomen	Inspection - No masses.
Abdomen	No abdominal tenderness.
Extremity	No edema.
Neurological	Sensory - Grossly nl.

Completed Orders #14 encountered

Addendum

This is a sample addendum

Completed Orders (this encounter)

Order	Reason	Side	Interpretation	Result
Glucose blood test			see detail	162 mg/dL
Hemoglobin A1c			see detail	8.0

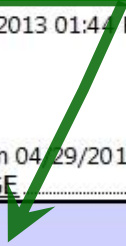
Provider: ROBERT LAMAR DUFFY MD
 Encounter submitted for review by ROBERT LAMAR DUFFY MD on 04/27/2013 11:13 PM
 Supervising Provider: on 04/29/2013 08:47 PM

Document generated by: Robert L. Duffy 04/29/2013 01:44 PM
 NextGen HealthCare Information Systems
 795 Horsham Rd. Horsham, PA 19044

Electronically signed by ROBERT L. DUFFY MD on 04/29/2013 08:47 PM

ADDENDUMS APPEAR ON FOLLOWING PAGE

Your addendum is added.



Addendum(Duffy, Robert L MD)
 4/29/2013 8:53:40 PM

This is a sample addendum

- Pa...
- Ca...
- New
- Lock
- Search
- 04/27/2013 01:23
- *Finalize
- USA Historie
- *USA Intake
- *USA SOAP
- *USA Summ:
- intake_note
- Master_Im
- Patient Plan
- Allergy
- Medication
- Problem
- Procedure

Signoff Queue - [DUFFY, ROBERT LAMAR MD]

Pending Rejected History DUFFY, ROBERT LAMAR MD

Description	Patient	Date-Time
Master_Im	Quagmire, Cruella	04/29/2013 01:44 PM
GYN_Master	Quagmire, Felonie	04/27/2013 11:25 AM
gyn_master	Quagmire, Felonie	04/18/2013 05:45 PM
master_im	Quagmire, Wyman	04/17/2013 10:28 PM
master_im	Quagmire, Pepe	04/14/2013 05:36 PM
master_im	Quagmire, Anita	04/06/2013 12:05 PM
master_im	Quagmire, Solomon	04/05/2013 04:07 PM

Preview Comments

TX Text

Segoe UI 10 B I U 100%

NEXTGEN
HEALTHCARE INFORMATION SYSTEMS

Diabetes type 2 (250.00)
Benign essential hypertension (401.1)
She is to schedule a follow-up visit 3-4 weeks .

Document: Master_Im
Created: 04/27/2013 11:15 PM
by: Duffy, Robert L
Modified: 04/29/2013 01:44 PM
by: Duffy, Robert L


Accept Reject To Do Open Reassign Options Font... Add

Back in the PAQ, note that you can type comments in this box, click **Add**, & they will display under the note. These comments aren't readily apparent back in the patient encounter, however, so we don't encourage this as a method of adding additional comments.

Another thing you might sign off in the PAQ would be a letter from a consultant, or some sort of form that is scanned & saved to the chart. You would often do this by just clicking **Accept**.

Order	Name Redacted	04/26/2013 12:37 PM
Order: High	Name Redacted	04/26/2013 10:22 AM
Order: High	Name Redacted	04/26/2013 10:22 AM
Order: High	Name Redacted	04/26/2013 08:20 AM
Order	Name Redacted	04/26/2013 07:42 AM
Correspondence	Name Redacted	04/25/2013 11:00 AM
Correspondence	Name Redacted	04/25/2013 10:59 AM
Order	Name Redacted	04/23/2013 08:22 AM
Order: High	Name Redacted	04/19/2013 12:37 PM
Order: High	Name Redacted	04/12/2013 10:23 AM
Order: High	Name Redacted	04/12/2013 07:45 AM
Order: High	Name Redacted	04/10/2013 10:23 AM
Order	Name Redacted	04/05/2013 10:20 AM
Order: High	Name Redacted	03/27/2013 02:16 PM
Order: High	Name Redacted	03/22/2013 10:18 AM
Order: High	Name Redacted	03/20/2013 10:21 AM
Order: Very High	Name Redacted	03/14/2013 09:19 AM
Order: High	Name Redacted	03/14/2013 09:19 AM
Order: High	Name Redacted	03/14/2013 06:46 AM
Order: High	Name Redacted	03/12/2013 09:20 AM
Order	Name Redacted	03/12/2013 06:43 AM
Order	Name Redacted	03/09/2013 07:45 AM
Order: High	Name Redacted	02/28/2013 10:20 AM
Order: High	Name Redacted	02/28/2013 07:43 AM

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MITCHELL
CANCER INSTITUTE
COMPREHENSIVE ONCOLOGY HEALTHCARE & RESEARCH

Mobile: (251) 665-8000
Fairhope: (251) 990-1850
Fax: (251) 665-8010

Author: [Redacted] Date: Apr 25, 2013

[Redacted] Date: Apr 25, 2013

Patient: [Redacted]
DOB: Oct 05, 1949
Age: 63
EE#: 000 [Redacted]

Physician: [Redacted]
Note Type: Follow-Up Note
Invision MRN: [Redacted]

Chief Complaint:
Recheck platelet count on Anagrelide 1mg bid.

Accept

Reject

To Do

ICS Image: Correspondence
Created: 04/25/2013 11:00 AM
by: Goubil, Pamela
Modified: 04/25/2013 11:00 AM
by: Goubil, Pamela

Here we'll click **Open** to demonstrate another way to sign off such items.

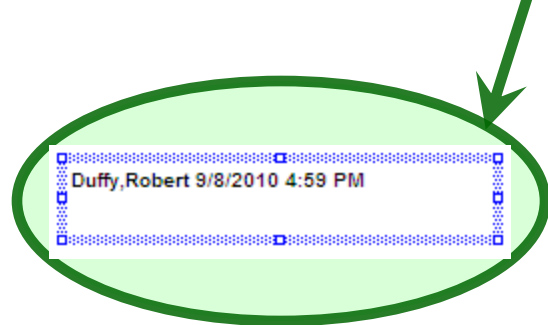
The screenshot shows a software interface with a document viewer on the left and a patient history sidebar on the right. The document viewer displays a document with a date and time stamp '2013/04/25 10:08:45' and page number '2 / 4'. There is a large blacked-out redacted area. Below the redaction is contact information for the University of South Alabama Mitchell Cancer Institute, including the address '1660 Springhill Avenue, Mobile, AL 36604-1405', website 'www.usamci.com', and phone/fax numbers. A green circle highlights a 'handwriting' icon in the top toolbar, with a green arrow pointing to it. The patient history sidebar on the right shows a list of folders with dates and times, such as '04/08/2013 12:00 A', '03/25/2013 12:00 A', etc.

You are now viewing the document within the encounter. Note the **handwriting** icon. Click this...

Then click on the document, holding the left mouse button down, dragging out the shape of a rectangle.

Your electronic signature will be inserted, & the item will be removed from your PAQ.

This is particularly useful when you need to open the patient's chart to get some context on what the letter is about.



You'll be notified about most lab results through the Task List. Since you view this frequently throughout the day, so you'll probably sign off most of those results through the **Order Module** as you see them. But if you haven't done this, you'll also see them in your PAQ.

But you won't have to sign them off twice: Signing lab orders in the **Order Module** makes them drop off your PAQ, & clicking **Accept** in the PAQ marks them as signed-off in the **Order Module**.

The screenshot displays a medical software interface. On the left, a list of lab orders is shown with columns for Description, Patient Name (redacted), and Date-Time. A green arrow points from the text above to the 'Accept' button in the bottom left. The main area shows a detailed view of a 'Bacterial Culture' result. The result includes a legend for susceptibility (S = Susceptible, I = Intermediate, R = Resistant, P = Positive, N = Negative) and a table of antibiotic susceptibility results.

Antibiotic	RSLT#1	RSLT#2	RSLT#3
Ciprofloxacin	S		
Clindamycin	S		
Erythromycin	S		
Gentamicin	S		
Levofloxacin	S		
Linezolid	S		
Moxifloxacin	S		
Oxacillin	S		

At the bottom left, there are buttons for 'Accept', 'Reject', and 'To Do'. The 'Accept' button is checked. To the right of these buttons, there is a section for 'Order' information: 'Created: 04/25/2013 11:29 AM by: [redacted]', 'Modified: 04/28/2013 10:08 AM by: Interface, Rosetta'. Further right are buttons for 'Open', 'Reassign', and 'Options'. At the bottom right, there are buttons for 'Font...' and 'Add'.

X-ray reports *don't* come to your Task List; they only come in through the PAQ.
As above, you could simply sign it off by clicking **Accept**.

The screenshot shows a medical software interface with two main windows. The left window, titled "Signoff Queue Name Redacted MD", displays a list of tasks. The right window, titled "Preview Comments TX Text", shows a preview of an X-ray report.

Description	Patient	Date-Time
SHA SHOULDER CO...	Name Redacted	04/29/2013 08:19 AM
SHA SHOULDER CO...	Name Redacted	04/29/2013 08:19 AM
Order	Name Redacted	04/28/2013 10:08 AM
Order	Name Redacted	04/27/2013 04:09 PM
Order: High	Name Redacted	04/27/2013 10:13 AM
Consultation Letters	Name Redacted	04/26/2013 04:53 PM
SHA KNEE MULTI VL...	Name Redacted	04/26/2013 02:57 PM
Order	Name Redacted	04/26/2013 12:37 PM
Order: High	Name Redacted	04/26/2013 10:22 AM
Order: High	Name Redacted	04/26/2013 10:22 AM
Order: High	Name Redacted	04/26/2013 08:20 AM
Order	Name Redacted	04/26/2013 07:42 AM
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Order	Name Redacted	04/24/2013 04:12 PM
Order	Name Redacted	04/23/2013 08:22 AM
Order: High	Name Redacted	04/19/2013 12:37 PM
Order: High	Name Redacted	04/12/2013 10:23 AM
Order: High	Name Redacted	04/12/2013 07:45 AM
Order: High	Name Redacted	04/10/2013 10:23 AM
Order	Name Redacted	04/05/2013 10:20 AM
Order: High	Name Redacted	03/27/2013 02:16 PM
Order: High	Name Redacted	03/22/2013 10:18 AM
Order: High	Name Redacted	03/20/2013 10:21 AM
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Order: High	Name Redacted	03/14/2013 09:19 AM
Order: High	Name Redacted	03/14/2013 06:46 AM
Order	Name Redacted	03/13/2013 11:36 AM
Order: High	Name Redacted	03/12/2013 09:20 AM
Order	Name Redacted	03/12/2013 06:43 AM
Order	Name Redacted	03/09/2013 07:45 AM

The right window shows a preview of an X-ray report with the following text:

PRELIMINARY REPORT

EXAM: SHA SHOULDER COMPLETE - RIGHT
DATE: 04/25/2013
ACCESSION #: 1472877
INDICATIONS: PAIN IN JOINT 719.41
INDICATION: Joint pain
TECHNIQUE: Two views of the right shoulder are obtained.
COMPARISON: Chest x-ray dated April 25, 2013.
FINDINGS: There is mild narrowing of the glenohumeral joint with minimal bony spurring of the clavicular portion. A circumscribed osseous density is visualized projecting inferior to the glenoid on the internal rotation view. This is difficult to visualize on the external rotation view but appears to project over the lesser tuberosity. There are no fractures or dislocations. There are no lytic or blastic lesions. The glenohumeral joint is in alignment. The visualized lung parenchyma is grossly clear. The soft tissues are unremarkable.
IMPRESSION:
1. Circumscribed osseous density projecting inferior to the glenoid on internal rotation view. This may represent calcific tendinopathy of the supraspinatus tendon and/or acromioclavicular joint. Further cross-sectional imaging is recommended to further evaluate this finding. The findings are best obtained for further evaluation.
2. Osteoarthritis of the acromioclavicular joint.

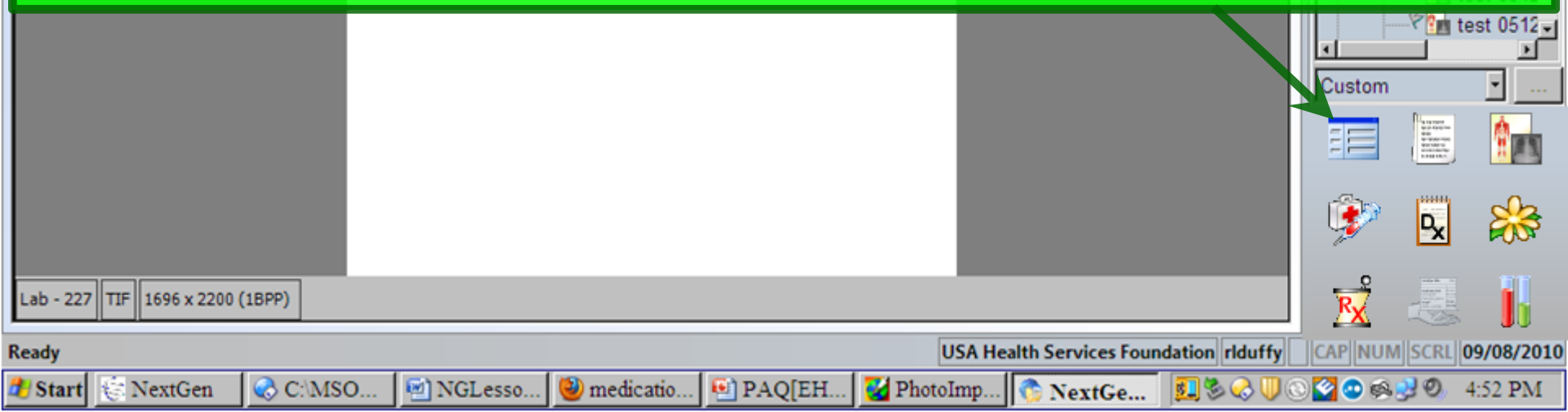
Read by: [Redacted] MD on Apr 25 2013 1:37P
Reviewed by: [Redacted] MD
Transcribed by: [Redacted]

At the bottom of the interface, there are buttons for "Accept", "Reject", "To Do", "Open", "Reassign", and "Options". A green arrow points from the "Accept" button in the top text to the "Accept" button in the interface. Another green arrow points from the "Open" button in the interface to the "Open" button in the bottom text.

But for lab or X-ray results, most often you'll want to address them in some fashion on the chart, so click **Open**.

The result is displayed within the patient encounter. You can sign it off by using the **handwriting** icon as discussed above.

But to further document a response to this result, open the **Telephone** template, (e.g., through the **Template module**) to leave a note responding to the result, perhaps asking your nurse to contact the patient, etc. (We formerly recommended the **Provider Test Action** template for this, but as discussed in the Lab Orders lesson, it looks like it is easier to follow the discussion chronologically if we just use the **Telephone** template.)



Occasionally, you might receive something in your PAQ that you realize actually belongs to another provider.
When this occurs, click the Reassign button, & choose the correct recipient from the ensuing popup.

Panel Name	CBC With Differential/Platelet
Status	F
Comments	SRC:Blood venous Performed At: EDIWK, EDI Testing Lab 555 Anywhere Street, Anywhere, NC, 272150000 Testing, Pathologist, MD, Phone: 3365550001
Result Name	Baso (Absolute)
Value	1.7
Comments	
Result Name	Basos
Value	2

Reassign PAQ Item

Select a Provider:

- ATKINSON, TANGELA C MD
- BERGER, LORETTA MD
- BROOKSHIRE, STEPHANIE D MD
- Brown, Sarah MD
- COX, JEFFREY LAYNE MD
- DELP, WILLIAM DONOVAN MD
- Gaffney, Jacquelyn MD
- GRIFFIN, JENNIFER K MD
- Jacobs, Tracy MD
- Khan, Ashraf MD
- KIRKLAND, CHARLES II MD
- LINDER, MICHAEL M MD
- LIU, GERALD MD
- McFaden, Thomas MD

OK Cancel

Accept
 Reject
 To Do

Order: Very High
 Created: 08/23/2010 03:27 PM
 by: Mullins, Debbie
 Modified: 08/24/2010 10:10 AM
 by: Interface, Rosetta

Pending Rejected History DUFFY, ROBERT LAMAR MD

Preview Comments

There may be times when you wish to review items you've addressed in the PAQ.
To do this, click the **History** tab.

Select among the available search options, then click the **Search** button.

Display: Accepted Rejected ReassignedItems: Documents Images Notes ICS Orders Crystal Reports HIEBy: Duffy, Robert L All Others When During the Previous 1 Day(s) Between 3/29/2013 and 3/29/2013

Clear

Search

 Accept Reject To Do

Provider: DUFFY, ROBERT LAMAR MD

Accepted: 0 items

Rejected: 0 items

Reassigned: 0 items

Open

Reassign

Options

Font...

Add

Pending Rejected History DUFFY, ROBERT LAMAR MD

Description	Patient	Date-Time
OB_Master	Quagmire, Donna	01/08/2013 10:38 AM
Master_Im	Quagmire, Anita	03/18/2013 11:06 PM

The items meeting your search criteria will appear.

Display: Accepted Rejected Reassigned

Items: Documents Images Notes ICS Orders

Crystal Reports HIE

By: Duffy, Robert L All Others

When

During the Previous Day(s)

Between and

Clear

Search

Accept

Reject

To Do

Document: OB_Master
Sign Off Status: Accepted
Accepted: 01/08/2013 10:38 AM
by: Duffy, Robert L

Open

Reassign

Options

Preview Comments

TX Text

NEXTGEN
HEALTHCARE INFORMATION SYSTEMS

Patient: Donna Quagmire
Date of Birth: 01/03/19
Age: 23 years
Date: 01/08/2013 10:27 AM
Visit Type: OB Postpartum

History of Present Illness:

- postpartum check
Postpartum visit. Manually type some stuff here.

Pregnancy Outcome

Gestational Age: 38 Weeks 5 Days.

Pregnancy ended on 12/30/2012. Type is full term. Singleton.

#	Date	GA(wks)	Labor(hrs)	Weight	Sex
3	December 2012	38 Weeks 5 Days		6 lb(s) 6 oz	femal

Font...

Add

This concludes the
NextGen PAQ demonstration.

The early bird may get the worm, but
the second mouse gets the cheese.