

# Locating historical data in clinical review

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**Recently an issue has been brought to our attention regarding viewing patient data through Lifetime summary. For complete, accurate information, and the safety of your patients, please follow these steps when looking up data from previous visits:**

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# Locating historical data in clinical review

1) Select the appropriate patient from your patient list

2) Enter clinical review by selecting the review button on the right hand side of the screen.

3) Select other visits on the bottom right of the screen

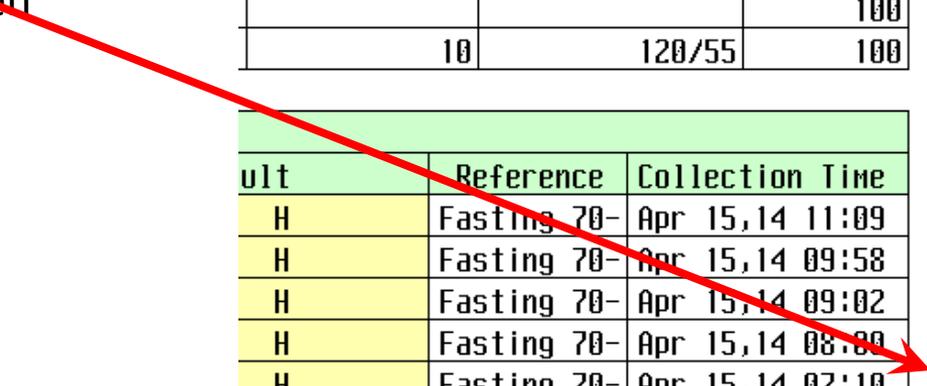
13	143/50	97
10	126/50	98
		98
		97
		100
10	120/55	100

ult	Reference	Collection Time
H	Fasting 70-	Apr 15,14 11:09
H	Fasting 70-	Apr 15,14 09:58
H	Fasting 70-	Apr 15,14 09:02
H	Fasting 70-	Apr 15,14 08:00
H	Fasting 70-	Apr 15,14 07:10

Order Document Discharge Sign Return

- I + O
- LAB
- Microbiology
- Blood Bank
- Pathology
- Medications
- Imaging
- Other Reports
- Notes History
- Assessments
- Other Menu
- Reconcile Meds
- More Less
- Other Visits

- Allergies
- Admin Data
- Assessment
- Process Int
- Plan of Care
- PI Loc/List
- Orders
- Review
- Reconcile Rx
- E-Mail
- Print Report
- eMAR
- Variance
- References
- Monitor
- Flowsheet



# Locating historical data in clinical review

4) Select the grey box [All] to enter historical Data to all Previous hospital visits.

The screenshot displays a clinical review interface with several components:

- Select Visit Filter:** A table with columns for Time Frame, Visits, and View. The 'View' column has 'All' selected and highlighted with a red box. A red arrow points to this selection.
- Time Frame Table:**

Time Frame
1 Year
2 Years
3 Years
5 Years
7 Years
10 Years
- Visits Table:**

By Diagnosis	All
Inpatient	Emergency
Outpatient	Office
- View Table:**

View
Selected
All
- Navigation:** 'Previous Page' and 'Next Page' buttons.
- Visits List Table:**

Visit Date	Type	Location	Doctor	✓
Apr 13, 14	IN	NM.CCUD	CANNON,CRAIG	✓
Apr 13, 14	ER	NM.ED	Undefined ED Phys Only	✓
Mar 07, 14	CLI	NM.LAB	PAZ,CONCHITA M	
Jul 26, 13	SDC	NM.OR	GORMLEY,THOMAS S	
May 29, 13	CLI	NM.USND	PAZ,CONCHITA M	
May 29, 13	CLI	NM.LAB	PAZ,CONCHITA M	
Feb 21, 13	CLI	NM.LAB	FEAGAN,JOSEPH	
- Right Panel:** A vertical list of menu items including Problem List, Special Panel, Daily Review, Order History, Vital Signs, I + O, LAB, Microbiology, Blood Bank, Pathology, Medications, Imaging, Other Reports, Notes History, Assessments, Other Menu, Reconcile Meds, More, Less, and Other Visits.
- Bottom Bar:** A navigation bar with icons and buttons for PCI, Order, Document, Discharge, Sign, and Return.

# Locating historical data in clinical review

By selecting [All] will bring up all historical data for that patient. Select the appropriate section to review data.

Once data review is complete to return to current visit to place orders reselect Other visits in the bottom right of the review screen.

All the visits will be checked. Select the top grey check box to deselect all visits then select the current visit and click on the grey box [Selected].

Visits		View	
<input type="checkbox"/>	All	<input type="checkbox"/>	Selected
<input type="checkbox"/>	Emergency	<input type="checkbox"/>	List
<input type="checkbox"/>	Office	<input type="checkbox"/>	All

Previous Page    Next Page

Location	Doctor	
NM.CCUD	CANNON, CRAIG	✓
NM.ED	Undefined ED Phys Only	✓
NM.LAB	PAZ, CONCHITA M	✓
NM.OR	GORMLEY, THOMAS S	✓
NM.USND	PAZ, CONCHITA M	✓
NM.LAB	PAZ, CONCHITA M	✓
NM.LAB	FEAGAN, JOSEPH	✓

14	Apr 14, 14	10:49
ix	See Hx	
H	7.49	H
L	31.2	L
H	240.0	H
	23.8	
H	> 100.0	H
	0.4	
VE	N/A	

- Vital Signs
- I + O
- LAB
- Microbiology
- Blood Bank
- Pathology
- Medications
- Imaging
- Other Reports
- Notes History
- Assessments
- Other Menu
- Reconcile Meds
- More
- Less
- Other Visits**
- Return

Discharge    Sign

**NOTE. If in all visits or wrong account date the order option will be disabled. Review and reselect appropriate visit.**

# LANGUAGE ACCESS DOCUMENTATION IN MEDITECH

Appropriate communication is very important for safe and compassionate care.

## Documentation method #1: Patient Notes

If you did not require the services of one of our many interpretive resources, enter **N** and the cursor will jump to the Note field and you can enter your Note.

HOWEVER, if you requested

assistance from a DUAL-ROLE INTERPRETER, MARTTI or CYRACOM, you will enter **Y** and will be required to enter data in the subsequent fields.

MEDITECH will also help you to make this decision by providing the language preference your patient indicated on admission!

NOTES

05/02 1315 DJW NM0000014112 RN, THIRTY

Interpreter used? [ ] .

Language Pref.: ENGLISH LANGUAGE USED:

Interpreter used for

NOTES .. F12 to File

Click on the "MMC Interpretation Resources" link on the MMC intranet for a list of interpretation tools for Limited English Proficient and American Sign Language patients and family members. Using these resources significantly improves the quality of care and safety of our patients.

The following will be required:

The SERVICE used, FULL NAME/OPERATOR NUMBER of the individual who assisted you,

Interpreter used? [ ] .

Language Pref.: ENGLISH LANGUAGE USED:

Interpreter used for

the LANGUAGE used for the interaction and the GENERAL CATEGORY of the items they interpreted.

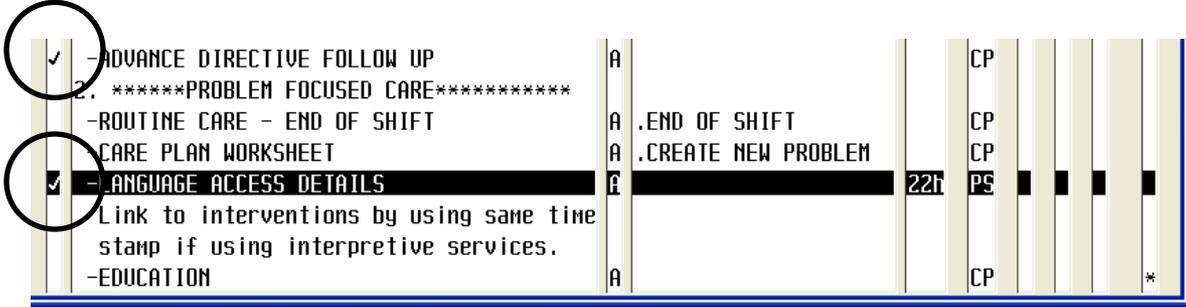
If the language specified by the patient is not on the F9 list, it can be free texted in. The General categories are as follows; please provide further detail in your note

- |                             |                             |
|-----------------------------|-----------------------------|
| 1 Routine Care              | 5 Discharge plan/instruct.  |
| 2 Education/Answer question | 6 Provider at bedside       |
| 3 Procedure/Intervention    | 7 Other!See note for detail |
| 4 Consents                  |                             |

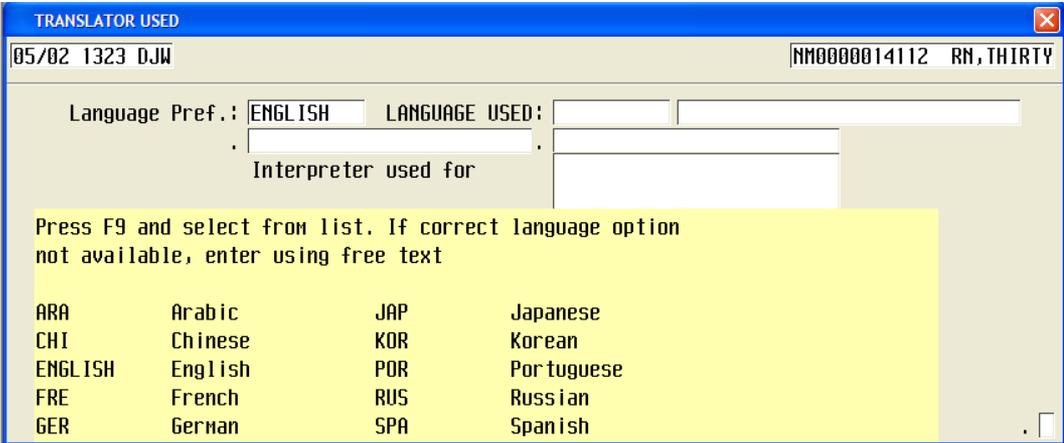
# Documentation method #2: Language Access Linking

For interventions you complete using an interpreter that have existing documentation screens follow these steps:

In PROCESS INTERVENTIONS select the intervention you wish to document as well as the LANGUAGE ACCESS DETAILS intervention (SHIFT+Rt CTRL will checkmark the highlighted intervention).



Doing this will apply the same timestamp to both interventions showing that they were done simultaneously (pressing SHIFT+Rt CTRL again after documenting will remove the checkmarks). The fields in the LANGUAGE ACCESS DETAILS intervention are the same as those in the Patient Notes and will require those same details.





# Smoking Cessation: Admission History

For additional information please contact Deirdre Jensen ext. 5346



Smoking screening assessment must be completed on admission. If the patient is unresponsive, and no family is present, a follow-up assessment must be completed in the first 3 days of admission and as soon as possible once the patient regains consciousness or family presents.

NUR.COCSNM (NMLCSND/NMD.TEST.MIS/15/COCSNM) - Wright,Dana J      \*\*\* TEST \*\*\*

Process Interventions

Current Date/Time DJW      Int: 0 ✓ of 68

DN	Document	Document	Validation	Patient	Process	Add	Order	>More
	Interv's	Now	Routine	Notes	Meds	Interv	Detail	

ADMISSION HISTORY \*\*ADULT\*\*

03/16 1516 DJW      NM0000002579 RN, THIRTY

Smoking status for patients 13 years old or older:  \*

Patient unable to respond OR refused tobacco assessment!  \*

Unable to respond or refusal reason:  \*

Have you ever used tobacco products?  \*

Tobacco/Nicotine use in the past 30 days?  \*

If quit, date quit:

Type of tobacco used in past 30 days:  \*

Amount smoked per day:  \*

1 Current EVERY day smoker	5 Smoker, current status UNK
2 Current SOME day smoker	6 Unknown if ever smoked
3 Former smoker	7 Heavy tobacco smoker
4 Never smoker	8 Light tobacco smoker



You will not be required to complete this field if the patient is able to respond, and does not refuse the assessment.

- 1 Refused
- 2 Cognitive impairment
- 3 Comfort measures only
- 4 Comatose/sedated

Smoking status for patients 13 years old or older  
Patient unable to respond OR refused tobacco assessment: \*

Unable to respond or refusal reason: \*

Have you ever used tobacco products? \*

Tobacco/Nicotine use in the past 30 days? \*

If quit, date quit: \*

Type of tobacco used in past 30 days: \*

Amount smoked per day: \*

Approximate date ok if patient doesn't know exact date.

- |                   |   |
|-------------------|---|
| 1 N/A             | 6 Snuff                                 |
| 2 Cigarettes      | 7 Smokeless Tobacco                     |
| 3 Pipe            | 8 E-Cigarette with nicotine             |
| 4 Cigars          | 9 Hookah with nicotine                  |
| 5 Chewing Tobacco | 10 Other - If selected please elaborate |



Smoking status for patients 13 years old or older:  \*

Patient unable to respond OR refused tobacco assessment:  \*

Unable to respond or refusal reason:  \*

Have you ever used tobacco products?  \*

Tobacco/Nicotine use in the past 30 days?  \*

If quit, date quit:

Type of tobacco used in past 30 days:  \*

Amount smoked per day:  \*

- 1 N/A
- 2 Heavy = smoked cigarettes daily average of five or more cigarettes (more than or equal to 1/4 pack) per day and/or cigars daily and/or pipes daily during the past 30 days
- 3 Light = smoked cigarettes daily average of four or less cigarettes (less than 1/4 pack) per day and/or used smokeless tobacco and/or smoked cigarettes but not daily and/or cigars but not daily and/or pipes but not daily during the past 30 days

These responses are standardized by CMS and must be completed based on the amount of tobacco used by the patient. Please do not ask if they are a “Heavy or Light” smoker; instead ask “How many cigarettes do you smoke per day?” etc. and choose accordingly.



If the smoking assessment cannot be completed at admission, an additional intervention will be added to the Process Intervention list.

NUR.COCSNM (NMLCSND/NMD.TEST.MIS/15/COCSNM) - Wright,Dana J \*\*\* TEST \*\*\*

Process Interventions

Current Date/Time DJW Int: 0 of 65

Document Intery's	Document Now	Validation Routine	Patient Notes	Process Meds	Add Interv	Order Detail	>More
Patient	NM000002579	RN, THIRTY	Status	ADM IN	Room	NM.0303	
Attend Dr	NMDTPHY	PCI TEST PHYSICIAN	Admit	12/05/14	Bed	1	
Start Date	03/16/15 at 1532	End Date	03/17/15 at 2359	Age/Sex	64 F	Loc	NM.3RD
Include	A,H,I,X AS,CP,OE,PS 1:99 3L ALL INT		Med Edit	03/14 0731	Unit#	NM00000006	
Acuity							

Interventions	Sts	Directions	Doc	Src	D	C/N	KI	Prt
0. *****DISEASE SPECIFIC CARE*****								
-TOTAL JOINT DAY1 AFTER SURGERY	A	QSHIFT	42d	PS				
-CPM	A	PRN		CP				
<b>-Smoking Assessment follow up</b>	A	<b>ONCE</b>	<b>6h</b>	<b>CP</b>				
-AM TEST	I	.ADMISSION	11d	PS				
-CNIC TEST	I		4d	PS				
1. *****ROUTINE CARE*****								
-SHIFT ASSESSMENT - ADULT**	A	QSHIFT		CP				
-IV-PERIPHERAL LINE: INSERT,ASSESS,D/C	A	.QSHIFT&PRN		CP				
-IV **CENTRAL LINES** ASSESSMENT	A	.QSHIFT&PRN	10d	CP				
->CUL/PICC's/Port a Cath/ART Lines								
HD cath/Swan Ganz/w/notes								
-IV "INSERTION SCREEN" CVC & PICC Lines	A		10d	CP				
-CNA/PCT CARE RECORD (ADL'S ETC)	A	.QSHIFT & PRN		CP				
-RN CARE RECORD (ADL'S/FOLEY)	A	.QSHIFT & PRN		CP				
-BLOOD GLUCOSE CHECKS	A	.PER MD ORDER		CP				

This assessment is identical to the admission assessment and will only be added if the original is not completed.





# Smoking Cessation: Counseling Intervention



Smoking Cessation counseling must be completed in the first 3 days of admission. This intervention will activate based on the responses documented on the Nursing Admission History.

NUR.COCSNM (NMLCSND/NMD.TEST.MIS/299/COCSNM) - Wright,Dana J      \*\*\* TEST \*\*\*

Process Interventions      Int: 07 of 67

Current Date/Time DJW

DN	Document Interv's	Document Now	Validation Routine	Patient Notes	Process Meds	Add Interv	Order Detail	>More
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Smoking Counseling      NM0000002579 RN, THIRTY

03/16 1447 DJW

Counseling and Education material reviewed and given to:  \*

Education Material Provided:  \*

Practical counseling reviewed:  \*

Patient response to counseling encounter:  \*

Patient requests nicotine replacement?  \*

Patient already on nicotine replacement at home?  \*

Provider notified of patient request for nicotine replacement therapy?  \*

Provider notified:  \*

1 Patient                      4 Patient and family

2 Family member            5 Patient and sig. other

3 Significant other

Counseling and Education material reviewed and given to:  \*

Education Material Provided:  \*

Practical counseling reviewed:  \*

Patient response to counseling encounter:  \*

Patient requests nicotine replacement?  \*

Patient already on nicotine replacement at home?  \*

Provider notified of patient request for nicotine replacement therapy?  \*

Provider notified:  \*

1 Patient                      4 Patient and family  
 2 Family member          5 Patient and sig. other  
 3 Significant other

1 Smoking cessation tips    5 Smokeless tobacco use    9 Refused  
 2 Smoking cessation        6 Nicotine addiction  
 3 Smoking, you can quit     7 Nicotine gum  
 4 Smoking hazards          8 Nicotine patches

1 Recognize risk situations MUST EDUCATE AND CHOOSE THIS <F9> for more  
 2 Developing coping skills MUST EDUCATE AND CHOOSE THIS  
 3 Basic quitting info        MUST EDUCATE AND CHOOSE THIS  
 4 Advantages of quitting    6 Habit/Pattern changes



- 1 Receptive to information
- 2 Requests additional Educ.
- 3 Repeats teaching back
- 4 Demonstrate understanding

- 5 Exhibits coping skills
- 6 Refuses to participate
- 7 Unable to comprehend
- 8 Unable to respond

Counseling and Education material reviewed and given to:  \*

Education Material Provided:  \*

Practical counseling reviewed:  \*

Patient response to counseling encounter:  \*

Patient requests nicotine replacement?  \*

Patient already on nicotine replacement at home?  \*

Provider notified of patient request for nicotine replacement therapy?  \*

Provider notified:  \*

- 1 None
- 2 Nicotine gum
- 3 Nicotine patch

- 1 Patient
- 2 Family member
- 3 Significant other
- 4 Patient and family
- 5 Patient and sig. other

If answered "Y" you will be taken to the Med Rec to validate that the medication is present and available for order at discharge.

Notify Provider for nicotine replacement for heavy smokers and when Patient requests.

Type first 3 letters of Provider's last name then press <F9> and select from list.

If notification unnecessary, press <F12> to file.



# Smoking Cessation: Discharge Requirements



NUR.COCSNM (NMLCSND/NMD.TEST.MIS/92/COCSNM) - Wright,Dana J \*\*\* TEST \*\*\*

Process Interventions

Current Date/Time DJW Int: 0 of 64

DN	Document	Document	Validation	Patient	Process	Add	Order	More
	Interv's	Now	Routine	Notes	Meds	Interv	Detail	

DISCHARGE ADD. CONSIDERATIONS

03/12 1338 DJW NM0000002579 RN, THIRTY

SMOKING CESSATION: Have you ever used tobacco products? \*

Type of tobacco used in past 30 days: \*

Smoking cessation instructions provided and discussed with Patient at DC? \*

Instructions Given: \*

Prescription for nicotine replacement given at discharge: \*

Patient Response to instructions given at discharge: \*

Studies have shown that you are at increased risk of stroke or TIA (Transient Ischemic Attack) if you are overweight and physically inactive, have diabetes or high blood pressure, eat a diet high in fat and salt, smoke, or have atrial fibrillation or carotid artery stenosis. Call 911 immediately if you have numbness or weakness of the face, arm or leg especially on one side of the body, trouble speaking, vision changes, or loss of balance or coordination.

If you have diabetes, talk with your doctor about how to limit complications. Test your blood sugar as prescribed and continue to take all diabetes medicines as ordered to keep blood sugar at normal or near normal levels.

The “DC Additional Health Considerations” screen has been updated with the new required elements for smoking cessation. This intervention MUST be completed for ALL discharges regardless of smoking history.



NUR.COCSNM (NMLCSND/NMD.TEST.MIS/92/COCSNM) - Wright,Dana J \*\*\* TEST \*\*\*

Process Interventions

Current Date/Time DJW Int: 0/ of 64

DN	Document Intery's	Document Now	Validation Routine	Patient Notes	Process Meds	Add Intery	Order Detail	>More
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DISCHARGE ADD. CONSIDERATIONS

03/12 1338 DJW NM0000002579 RN, THIRTY

**SMOKING CESSATION:** Have you ever used tobacco products? \*

<F9> for additional options Type of tobacco used in past 30 days: 1 \*

Smoking cessation instructions provided and discussed with Patient at DC? \*

Instructions Given: \*

Prescription for nicotine replacement given at discharge: \*

Patient Response to instructions given at discharge: \*

Studies have shown that you are at increased risk of stroke or TIA (Transient Ischemic Attack) if you are overweight and physically inactive, have diabetes or high blood pressure, eat a diet high in fat and salt, smoke, or have atrial fibrillation or carotid artery stenosis. Call 911 immediately if you have numbness or weakness of the face, arm or leg especially on one side of the body, trouble speaking, vision changes, or loss of balance or coordination.

If you have diabetes, talk with your doctor about how to limit carbohydrates. Test your blood sugar as prescribed and continue to take all diabetes medicines as ordered to keep blood sugar at normal or near normal levels.

<F9> for additional options

<F9> for options. Select all that apply

Instructions must be given to any Pt who smokes unless refused

Questions 1&2 will default from the admission history to provide guidance as to whether DC instruction for smoking is required for this patient. Complete the remaining fields appropriately.

Responses for each field can be accessed by pressing <F9>. **Instructions MUST include the [www.smokefree.gov](http://www.smokefree.gov) website address.**

**SMOKING CESSATION:**

Have you ever used tobacco products?  Y\*  
 Type of tobacco used in past 30 days:  \*

Smoking cessation instructions provided and discussed with Patient at DC?  Y\*  
 Instructions Given:  \*

Prescription for nicotine replacement given at discharge:  \*

Patient Response to instructions given at discharge:  \*

- 1 Cigarettes
- 2 Pipe
- 3 Cigars
- 4 Chewing Tobacco
- 5 Snuff
- 6 Smokeless Tobacco
- 7 E-Cigarette with nicotine
- 8 Hookah with nicotine
- 9 Other

- 1 www.smokefree.gov
- 2 Smoking cessation
- 3 Smoking, you can quit
- 4 Smoking cessation Tips
- 5 Smokeless tobacco use
- 6 Nicotine addiction
- 7 Nicotine chewing gum
- 8 Nicotine patches
- 9 Nicotine lozenges
- 10 Referral to clinic/class
- 11 Refused

- 1 Receptive to information
- 2 Requests additional Educ.
- 3 Repeats teaching back
- 4 Demonstrate understanding
- 5 Exhibits coping skills
- 6 Refuses to participate
- 7 Unable to comprehend
- 8 Review with family or SO

- 1 Nicotine patch
- 2 Nicotine gum
- 3 Nicotine lozenges
- 4 Nicotine nasal spray
- 5 Nicotine inhaler
- 6 Other
- 7 Refused

