

Maestro Ambulatory Teaching Checklist, 2021-2022

Daniella Zipkin MD

In-Basket Management:

APPROACHING THE CHART:

- **PATIENT STATION:** the primary portal of entry into any chart
 - From here you can see all encounters, jump in to create addenda in any of them
- **Search Box**
 - Robust search field, pulls in terms related to the term you are searching
 - Try putting "ADL" into the search field, notice what it pulls up!

IN-BASKET, KEY FOLDER NOTES:

General point #1: In order to complete the task at hand, you should NEVER NEED TO LEAVE THE FOLDER YOU'RE IN. EVERY FUNCTION YOU NEED TO RESPOND TO A MESSAGE IS IN THAT FOLDER! If you are leaving the folder to create a new encounter to get the work done, you are working too hard!!

General point #2: In every folder, click the wrench and select position "report on the bottom" – this allows a better view of all of your options across the top of the folder, and labs show a brief trend in recent labs for the one you're looking at.

General point #3: Involve the nursing team where appropriate! Know who your team nurse is and ask them for help with "result note" or "quick note". Route messages to your nurse, or to the front desk or medical records POOLS. Access pools by typing "p duke out..." in any routing field.

- **Organize your in-basket**
 - Move folders up and down per your preferences (use the wrench!)
- **Patient Calls**
 - Anything in this folder is ALREADY a telephone encounter, sent to you by a member of the care team – you need only go into it to function and respond. No need to create a new encounter!!
 - Use QuickNote to bounce back to team/nurse/attending if you know what you want to say
 - Use Enc/Reply/Fwd to go into the encounter and document your portion of the call or send orders
 - Whatever you type into the "note" of the phone call will be recorded in a thought bubble within the routed encounter for all to see. Whatever you type in a "routing comment" will come in as a smaller italicized comment. Keep your main content in the "note".
 - Route calls to anyone with whom you need to collaborate.
 - To schedule appointments for a patient from a call (or from any field with routing), find the SCHEDULING POOL by typing "p duke out" to see all of our pools. Select "Duke Outpatient Scheduling" and put the requested time frame in the routing comments.
- **Patient advice request –**
 - Reply to Pt Only to message the patient directly (they receive an email notice)
 - MyCht Enc/Reply/Route to go into the MyChart encounter, send orders, etc.

- **Telephone Call** creates a new, SEPARATE encounter (use sparingly, when you really need to call)
- **Results** – How should you communicate the results to the patient? Consider whether the result is normal or abnormal, the level or urgency, and clinical challenges when deciding which method to use.
 - **Comments sent to patients:** will only be available if the patient has MyChart. This function has been updated in 2022 to allow two methods: the EASIEST way to send the patient a message about their result is scroll under the result itself to the “Add Comments” hyperlink with a pink heart next to it. These comments will go to the patient and you have the option of being notified if not seen.
 - **Letters:** If the result is not urgent and can be shared in 10-14 days via standard mail. Letters auto-populate with the result in a nicely formatted template. For the blue smartlinks, RIGHT CLICK OVER THE AREA AND SELECT “MAKE SELECTED TEXT EDITABLE”. Then, voila, you can edit and simplify for the patient. Right click and “delete rows” to make this process move quickly. Finally, when your letter is done, click the box to ROUTE the letter. Find the medical records POOL by typing “p duke out” into the routing field. All of our pools will pop up. Select the medical records pool and route. They know what to do!
 - **Result Note** to comment and route to nurse for help; to communicate with anyone on the team about the result – your attending, your team... anyone! USE RESULT NOTES LIBERALLY.
 - **Result Note** is also the way to “batch” comments on results back to the patient...
 - **Telephone Call** to create new encounter and call yourself
 - **Creating QuickActions!!**
- **Rx request** –
 - **EditRx** to change the sig, or refuse some and accept others
 - **Approve All** if they are good to go (check refills!!)
 - **Refuse All:** if you are REFUSING a refill, first place a **QuickNote** to the nurse for help (don’t decline without an explanation and a plan to communicate to the patient). AT DOC, ROUTE QUICK NOTES AS PATIENT CALLS, otherwise they will route to the pool and not the individual and not be followed up.
- **Refills habits, in general:**
 - Think about this from the patient side – they choose q30 days or q90 days. Aside from that, we need to make sure pill types match what they need (don’t give to 5 mg Amlodipine daily if they take 10 mg, just switch to the 10 mg tab), insulin vial or pen quantities match dose you’re giving over the interval you’re giving it, give enough refills for the intended follow up interval (adherent patient with controlled BP? Give a full year of refills!), in the encounter – ASK about refills early, use “multiple select” to do several at a time, mark meds as long term.
- **Cosign – Clinic Orders** –
 - You may see prescription fills here, which were filled by protocol by our nursing team and simply need your signature. The protocol includes parameters for labs being current and visits being up to date and the medication being on the active list. Please sign these!
- **Referral message** – Right click, reply to all or reply to sender
- **CC’d charts**

- Should mostly be FYI for you guys; it's where we receive your encounters, and where consultants send you charts

- **Staff Messages**

- This is like email, except harder to figure out who is sending and who is copied. It is NOT recorded in the patient's chart. No one looking at that patient's chart will know about the staff message conversation. Only the people to whom it is sent can see it (when you are in a staff message field, the chart is not there on the left hand side). Do NOT use staff messages for any clinically important info. Watch out for the envelope icon with arrows, in most folders – it takes you to staff messages, and your work will not be captured in the chart. See tips above in each folder for the better places to go to get the work done.