

System Overview Remote

Goals for new users:

- 1) Know how to **navigate** the simplifyMD Application
- 2) Know how to use the **Home Page** and System Tabs,
- 3) Know how to use the **Patient Chart** = both Chart System Tabs and the Practice customized Document Tabs
- 4) Know how to **message** in the application
- 5) Know how to **fax** in the application

Prep:

- 1) **Cloud Application** up
- 2) **Basic User Guide** open in PDF version
- 3) At least one user specific "**Test**" **Chart** made, with an appointment for that "Test" Patient
- 4) At least **one example template loaded** (a Progress Note which has Pulse, Allergy, Clinical History, and Fam/Social Hx merge tags) into the Cloud Application
- 5) Several PDF document (maybe same template above) in the **Filing Center**
- 6) Send **example messages** to users (one **Personal**, one **Medium** with Doc attached from Trainer's Test Chart)
- 7) Couple docs in **Archive** Tab
- 8) Couple docs **Recycled**, from Chart Tabs

Outline (at least, **60** minutes total)

Basic User Guide Page #

A) **Navigating** simplifyMD review (**10** minutes)

- 1) Explain **Logging in** (pg. 8)
- 2) Explain **Home/Schedule Page** and each System Tabs function briefly (pg. 10 - 53)
- 3) Explain **Patient Chart** and each Chart System Tab and Document Tab briefly (A,F,T) (pg. 54 – 76)
- 4) Explain **Logging out** (pg. 77)
- 5) **Generate and Load Times**
- 6) **Tools** Tab (open messages, document activities, faxed documents, verify sMD prerequisites) (pg. 45 – 52)
- 7) **Admin** Tab (customizable areas, Auto Gen Sign Req, Filenames, System Settings 3 to 5 important ones)

B) **Filing Center** (**10** minutes)

- 1) Function (pg. 30)
- 2) Filters (pg. 30 - 32)
- 3) Filing (pg. 35)
- 4) Signature Requests (pg. 36 - 37)
- 5) Recycling documents (pg. 40)
- 6) Show simple print (pg. 41)

C) **Messaging** (**5** minutes)

- 1) Show **Personal Message** – from Home/Schedule Page (pg. 14)
- 2) Show a **Note to Chart** Message – from the Patient Chart (pg. 60)
- 3 a) Show **High, Medium, or Low** Message **WITHOUT** a Document Attached – from the Patient Chart (pg. 59)
- 3 b) Show **High, Medium, or Low** Message **WITH** a Document Attached – from the Patient Chart
- 4) Show a **Signature Request task** – from the Patient Chart
- 5) Show **Resolving Messages** (from Task Center and from Patient Chart) (pg. 26, 27, & 61)
- 6) Show "Advanced Filter" (pg 29)

C) **Faxing** (**5** minutes)

- 1) From Patients Chart Tab – using "**F**" **button** (pg. 72)
- 2) Selecting Documents to Fax from Patient Chart Tab(s) by checking "**In Assembly**" (pg. 64)
- 3) From "**Assembly**" Tab (pg. 65)

D) Communicate – **Scanning** will be covered in separate Remote Training

E) Users **Practice** using Application (by work area with general workflow applied) (**30** minutes)

- 1) **Admin / Front Office** users (**10** minutes) (see separate user Practice documents)
- 2) **Clinical / Back Office** users (**10** minutes) (see separate user Practice documents)
- 3) **Providers** (**10** minutes) (see separate user Practice documents)

System Overview Practice (30 minutes)

Goal: Combination of watching the “System Overview **Video**” the below **practical**, & using our Basic User **Guide** should:

- 1) Enable users to **Navigate** simplifyMD well/confidently
- 2) Enable use of the **Home/Schedule Page**
- 3) Enable use of **Patient Charts**
- 4) Enable **messaging** within the application
- 5) Enable **faxing** from the system

Admin / Front Office
Page in Basic User Guide & Notes Area

Home Tasks: 2h 1m 2d 1p 1o 8s 0m Patient Finder L Chow Log Out HELP

Schedule Task Center Filing Center Patient Finder Tools Add Patient Admin

Mon Dec, 05 2011 New Appt. Print Schedule Preview Schedule New Message

Current Schedule

Location Physician Appointment Type Appointment Status Date

All Offices All Doctors All Types All Today's Appointments

Location	Patient	Doctor	Time	Room	Appointment Type	Reason	Wait	Action	Dis	Chart	Cover
NorthSide	Emma Peel	Chow	03:30 PM	not checked in	New Patient	sore throat			<input type="checkbox"/>	Simple Chart	BC Cover
SouthSide	Martha Smith	Foster	04:00 PM	not checked in	Follow-Up	cough			<input type="checkbox"/>	Simple Chart	BC Cover

Displaying all 2 appointments

[Download Spreadsheet](#)

A) New Patient phones in for an Appointment

- 1) **create patient chart**
 - a) IF Interfaced – create in Practice Management System and the new chart will transfer over and be created in simplifyMD also
 - b) IF NOT Interfaced – **FIRST** verify patient does not already have an existing Chart by typing patient name in **Patient Finder**; if no chart is found = use pink “**Add Patient**” system tab and create the new patients chart
 - c) Complete/enter as much information as you have into the Patient Chart Profile area (all the demographics)
- 2) **create patient appointment**
 - a) IF Interfaced – make appointment Practice Management System , and same appointment comes into simplifyMD automatically
 - b) IF NOT Interfaced , Appointment is made in Practice Management System (if you have one) AND same appointment also made in simplifyMD a second time using “**New Appt**” button from Schedule Page
 - c) Practice with all five **Schedule Page dropdowns**
 - d) most of the 12 Schedule Columns can “**sort**” (click top title, example: “Location” or “Time”)

(pg. 44)
(pg. 53)

(pg. 11 & 13)

(pg. 11)

B) Patient (New or Established) Arrives at Practice for Appointment

- 1) **Check-In** the patient – from the Schedule Page and “Action” column (puts patient in the “Waiting Room” room.
- 2) **Print** any **forms** (example New Patient Packet) and hand to patient to complete
- 3) Scan into Patients Chart – **Photo ID** and **Insurance Card**
- 3) Take patients **picture** – if new patient (click “edit” , then, “snap”)
- 4) Collect **co-pay** (if done upon check in)
- 5) **Scan** back into Filing Center all patient completed, bar coded **registration documents** (Patient Name and Tab - should auto populate for a quick “save” (routing/filing to the patients chart)
- 6) Can now **finish remainder of Profile** (demographics) in Face Sheet of Patients Chart
- 7) IF **eRx** integrated – can **add patients Pharmacy** – through Dr First’s Rcopia Application
- 8) Set “**Contact Method**” Widget with ONE as “Primary”
- 9) **simple print** – prn (test a page from a website)
- 10) **printing** from Chart (via Adobe tool bar & via “Assembly” Tab)
- 11) **Fax** (from Document Tab direct & via “Assembly” Tab)

(pg. 15)

(pg. 22)

(pg. 56)

(pg. 55)

(pg. 41)

(pg. 64 & 65)

C) Often Admin Staff monitor and route incoming faxes

- 1) Practice with the “Filters” and dropdown lists in the Filing Center
- 2) Send Signature Requests from Filing Center
- 3) route incoming Patient related faxes to Charts, route Business faxes to intended recipient via Adobe “email” button, or use a created chart like ; Med, Suppliers, etc....)

(pg. 36 & 38)

D) Patient transitions FROM Front Office waiting room TO Clinical

(pg. 16)

E) Check out

(pg. 16)

The screenshot shows a patient record for Emma Peel. The interface includes a navigation bar with tabs like 'Face Sheet', 'Messages', and 'Timeline'. The patient's personal information is displayed in a grid, including name, DOB, gender, education, and insurance. Below this are sections for 'Medication Allergies', 'Enhanced Medications', and 'Problem List', each with a table of data and a 'Reset' button. The 'Medication Allergies' table lists Sulfas and Codeine with reactions of rash and urticaria. The 'Enhanced Medications' table lists Zolof, Metformin, and Coreg. The 'Problem List' table lists Diabetes II and Hypertension.

A) Be familiar with all of Admin / Front Office functions

B) Patient from Waiting Room to: Exam Room, or Vital Signs Station, or Xray, or Lab ; after patient is in final exam room:

- 1) clinical staff **update "Room"** on Schedule page (example: change Waiting Room to Exam Room # 1)
- 2) Obtain and record **vital signs** (if your specialty Practice completes vitals) on Patients Face Sheet "Patient Vital Statistics" widget.

* Look in Admin Tab - at how to add additional Vital Statistic topics

- 3) Interview patient regarding **Allergies and Medicines** – record via one of two options:
 - a) if Intergrated with eRx, enter Allergies and Meds by using Dr First's "Rcopia"
 - b) if not Intergrated with eRx – enter Allergies in "Medication Allergies" Widget and Medications in "Enhanced Medications" Widget
- 4) Based on Practice protocol and Provider preference – open the Providers outpatient Progress **Note** and enter the **Chief Complaint** (** at this time... all the above data vitals, allergies, & meds will merge over onto the Progress Note) - save the Progress Note back to the chart – keeping it in MS Word format (still editable) The Provider will edit , save as PDF (sealed/faxable), and Elect sign.

(pg. 16)

(pg. 57)

C) await Provider's treatment orders

The screenshot shows a medical software interface with a LabCorp report. The report header includes the LabCorp logo and patient information: **Peel, Emma**, Female, 02/06/1966, 68, 120.0, 1 Alert L. Chow. The report is for a specimen with ID 304-678-897, type S, primary lab MB, and report status COMPLETED. Additional information includes SS# 254-78-7896, FASTING Y, and phone number 770-965-2255. Patient details include name PEEL, EMMA, sex F, age 43, and DOB 02/06/1966. Clinical information includes physician ID 23353245, patient ID 6948604956804, and account number 986296874956. A hematology test result is shown with a date of 09/30/2009 and a time of 10:54. The interface also shows a navigation menu at the top, a toolbar, and a sidebar with various panels like Assembly Status, Document Signature, and Document Index.

<p>A) Have familiarity with Admin and Clinical functions, and : Owner/Provider Preferences: 1)? to Re-name and Re-date documents when scanning in (relative to seeing and finding documents quickly – in “Document Index” and on “Timeline” (pg. 62) 2)? what will a “High, Medium, and Low” Priority Message be defined as (pg. 24) 3)? which documents will be sent to Provider (via a “Signature Request”) for review and electronic signature (example: all Labs, all Tests, are there others) (pg. 27) 4)? where will Patient Education from clinical staff be documented (example: a Note to Chart , or use the “Review this Document *” – which entered data shows in the “Activity Log” (example: if a Test was ordered via a Template and patient prep instructions were given and are being documented) * “Review this Document” was originally designed from MDs to review Mid-Levels notes. 5) Simple Chart – set up (pg. 15)</p>	
<p>B) Practice opening, editing, and saving Templates</p>	
<p>C) Practice electronic signatures</p>	(pg. 27)
<p>D) Practice messaging (with staff) Customized Subject Line dropdown additions – via Admin Tab Personal Message – from Home/Schedule Page (pg. 14) Note to Chart Message – from the Patient Chart (pg. 60) High, Medium, or Low Message WITHOUT a Document Attached – from the Patient Chart (pg. 59) High, Medium, or Low Message WITH a Document Attached – from the Patient Chart Signature Request task – from the Patient Chart Resolving Messages (pg. 26, 27, & 61)</p>	
<p>E) Remember “Dic” Column - for Dictation , on Schedule page</p>	(pg. 13)