

January 2023 Release Notes

Version 3.0.36

This release introduces improvements to orders, documentation, messaging, and results. Additionally, there are various workflow enhancements, quality of life improvements, and defect fixes.

Discontinue orders for the same date with fewer clicks

Multiple orders planned for the same day can now be discontinued from the flowsheet. To access this feature:

1. Hover over the right end of the date cell in the patient's Flowsheet.
2. Click on the three red dots once they appear (callout 1).

The screenshot shows the Flowsheet interface with the following elements:

- Navigation tabs: Chart Summary, Clinical Profile, **Flowsheet**, Orders, Results, Documents.
- Search bar: Find: Find a result or order
- Calendar navigation: TODAY, navigation arrows.
- Grid columns: 1/03/23 (Tue), 1/05/23 (Thu)
- Grid rows: Medications, Services, Imaging, Lab Orders.
- Callout '1' points to the three red dots in the date cell for 1/05/23 (Thu) under the Services row.

3. Options to either Move Orders or D/C Orders appear. Select D/C Orders (callout 2).

The screenshot shows the 'Flowsheet' tab in the iKnowMed interface. At the top, there are navigation tabs: Chart Summary, Clinical Profile, Flowsheet (active), Orders, Results, and Documents. Below the tabs, there's a search bar labeled 'Find:' with the placeholder text 'Find a result or order'. The main area is a table with columns for dates: 1/03/23 (Tue) and 1/05/23 (Thu). The rows are categorized by medical order types: Medications, Services (with a sub-row for RTC MD), Imaging (with a sub-row for Routine chest X-ray), and Lab Orders (with sub-rows for CBC and Lipid panel). A 'D/C Orders' button is visible in the top right corner of the table area, marked with a circled '2'. Other buttons like 'Move Orders' and 'TODAY' are also present.

4. After the list of available orders appears, select the orders you want to discontinue and save your choices.

The screenshot shows a dialog box titled 'Discontinue (D/C) Orders from 01/05/2023' with a red asterisk and the word 'required'. A red banner at the top of the dialog says 'There is nothing selected to discontinue.' Below this, there's a section 'Selected Order(s) :*' with a 'Select all' checkbox. A list of orders is shown with checkboxes: CBC, RTC MD, Routine chest X-ray, and Lipid panel. At the bottom of the dialog, there are two buttons: 'SIGN & SAVE' (highlighted) and 'CANCEL'.

NOTE: This feature only applies to orders outside of regimens that land in the same column in the flowsheet.

Added Social Drinker option for documenting alcohol use in the Problems tab

In the **Problems** tab, any problems added that require additional ICD-10 codes for appropriate diagnosis and billing will display the **Additional Codes** section in the left column. This feature includes the requirement to document alcohol use.

Users can now choose **Social Drinker** when documenting a patient's alcohol use (callout 1).

The screenshot shows the 'New Problem' form in the iKnowMed system. The form is divided into several sections:

- Problem (required):** Malignant tumor of oropharynx
- Date of Diagnosis:** 01/05/2023
- Status:** Active
- Comment:** (empty)
- Details:** (empty)
- ICD-10:** C05.1 - Malignant neoplasm of soft palate
- Additional Codes:** Social Drinker, Tobacco/Nicotine use (needs coding)

The 'Alcohol use' dropdown menu is open, showing the following options:

- Alcohol use [clear](#)
- Supporting problem and ICD-10 code are needed for billing
- Alcohol abuse
- Alcohol user
- No Alcohol use
- Social Drinker** (1)

At the bottom of the form, there are buttons for 'SAVE & ADD ANOTHER', 'SAVE & CLOSE', 'CANCEL', and 'NEXT'.

Document a reason for withholding clinical notes from the patient portal

IMPORTANT: Before withholding clinical notes from the patient portal, please confer with your practice's compliance and/or legal counsel to ensure compliance with all applicable federal and state laws, regulations, and administrative guidance, including but not limited to the 21st Century Cure Act's prohibitions on information blocking. For more information visit: <https://www.healthit.gov/topic/information-blocking>.

Users can now document why a clinical note will not be released to the patient portal for notes with the **Signed Note Available in Portal** option enabled in the template.

After unchecking the **Release to patient portal** option on the clinical note, the system requires users to explain why it's being withheld (callout 1). The pop-up window provides an area with a 255-character limit to type in free text.

Lucy Yellow (62 / F) | Send a message about this patient

DOB: 10/27/1960 | Dx: Breast cancer, female | Dx'd: 07/11/2022 | Stage: IIIA | Allergies: latex ⚠️

MRN: 3333 | Dx: NSCLC | Pain Scale: 2 on 12/30/2016

Attending: | Ht/Wt/BSA: 64.5 in / 140 lb / 1.69 m² | Visit: -

Do not Release to Patient Portal

Do not Release to Patient Portal:

Caution: Before withholding release of this information from the Patient Portal, please confer with your practice's compliance and/or legal counsel to ensure compliance with all applicable federal and state laws, regulations and administrative guidance, including but not limited to the 21st Century Cure Act's prohibitions on information blocking. [Information Blocking | HealthIT.gov | <https://www.healthit.gov>]

Document your reason(s) for withholding any information from the Patient Portal here.

Exception: protecting patient privacy.

255 characters maximum

CANCEL SAVE

Any information typed into this box will also appear in the note's **Audit History** beneath the name of the note template and date of service (callout 2).

Document Audit History - Lucy Yellow (62/F)

< Back

01/05/2023 8:26 AM
Ashley Dopp, e010u8j

F/U Release to portal (Date of service: 01/05/2023)

Reason Provided for not Releasing to Patient Portal by: Ashley Dopp, e010u8j
- Exception: protect patient privacy.

This is a test to withhold clinical notes from the patient portal to see the new reasons feature. Testing on 1/5/23.

PRINT CLOSE

If a user amends the note, this information shows beneath the reasons for note amendment (callout 3).

Document Audit History - Lucy Yellow (62/F)

< Back

01/05/2023 8:31 AM Ashley Dopp, e010u8j	<p>F/U Release to portal (Date of service: 01/05/2023)</p> <p>Selected Reasons for Note Amendment: Ashley Dopp, e010u8j - Correction</p> <p>3 Reason Provided for not Releasing to Patient Portal by: Ashley Dopp, e010u8j - Exception: protect patient privacy.</p> <p>This is a test to withhold clinical notes from the patient portal to see the new reasons feature. TestingAmending onthis 1/5/23note to add in missing information.</p> <p>Electronically signed by Ashley Dopp RN 01/05/2023 05:31 AM PST</p>
01/05/2023 8:31 AM Ashley Dopp, e010u8j	
01/05/2023 8:26 AM Ashley Dopp, e010u8j	

PRINT CLOSE

Associate multiple problems with orders more easily

When creating orders on the **New Orders** tab, all the patient’s principal diagnoses will be automatically included in the new order (callout 1). This can be changed as needed by either updating the problems selected in the Associated Problems widget (callout 2) or the individual order editor (callout 3).

Chart Summary Clinical Profile Flowsheet **Orders** Results Documents Demographics Nursing Care Admix Charge Capture

New Orders (0) Medications (0) Regimens (0) Order Review Order History Drafts Ordered on behalf of * as Select

New Orders PRECISION MEDICINE Associated Problem Multiple Order Search: Search description CLEAR

<p>Prior Orders</p> <ul style="list-style-type: none"> CBC (12/29/2022) Lipid panel (12/29/2022) Routine chest X-ray (12/29/2022) RTC MD (12/29/2022) <p>Order Sets</p> <ul style="list-style-type: none"> AALL0434 Protocol (4) <ul style="list-style-type: none"> AALL0434 Study Kit CBC w/ auto diff CMP LDH anemia (6) <ul style="list-style-type: none"> CBC CMP Iron Reticulocyte count TIBC Urinalysis, Complete Anemia Panel (7) <ul style="list-style-type: none"> CBC w/ auto diff Ferritin 	<p>Appointments</p> <ul style="list-style-type: none"> RTC MD one Week RTC MD two Weeks RTC MD three weeks RTC MD four Weeks RTC MD one month RTC MD two month RTC MD three months RTC MD six months RTC MD chemo RTC MD/NP RTC nurse for chemo RTC port flush 	<p>Imaging</p> <ul style="list-style-type: none"> CT CT chest/abdomen/pelvis w/ w/... CT chest/abdomen/pelvis w/ contr... CXR PA and lateral DEXA scan DEXA scan MRI PET/CT scan U/S <p>Study Protocol</p> <ul style="list-style-type: none"> AALL0434 Study Kit <p>X-ray / Ultrasound / Mammogram / Nuclear Med</p> <ul style="list-style-type: none"> Bone scan, total body CXR PA and lateral DEXA scan 	<p>Immunology</p> <ul style="list-style-type: none"> IgG, quant Immunofixation, 24 hr urine Immunofixation, random urine Immunofixation, serum Intrinsic factor antibody Parietal cell ab titer Platelet antibodies Rheumatoid factor SPEP with immunofixation, ran... Urine protein electrophoresis, ran... <p>Tumor Markers</p> <ul style="list-style-type: none"> CA 15-3 CA 27-29 CA 125 CA 19-9 CEA AFP PSA 	<p>Lucy New Order Set</p> <ul style="list-style-type: none"> CBC for Research CMP LDH PT INR panel <p>Routine</p> <ul style="list-style-type: none"> CBC CMP LDH RTC MD RTC doctor and chemo (same day) RTC nurse for chemo RTC nurse for chemo 3hr RTC nurse for chemo 6hr RTC nurse for infusion RTC nurse for injection
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Samuel Sampson (23 / M) | Send a message

DOB: 04/19/1999 | Dx: Asthma, allergic
MRN: 674385 | Dx: Essential hypertension
Attending: Fillmore, Seth | Additional Diagnosis
HT/Wt/BSA: 72 in / 170 lb / 20.1 m²

Problems required 2

Select All

- Asthma, allergic * (J45.20 Mild intermittent asthma, uncomplicated)
- Essential hypertension (disorder) * (I10 Essential (primary) hypertension)
- Primary malignant neoplasm of colon (disorder) * (C18.4 Malignant neoplasm of transverse colon) ICD

OK CANCEL

Prior to Next Visit CT chest/abdomen/pelvis w/ IV contrast Prior to Next Visit from 01/03/2023 (Status: Draft) required

Today
 Tomorrow
 Per Instruction
 Prior to Next Visit
 On Return
 Add-On
 ASAP
 STAT
 Next Available
 Next Visit
 Next Visit with MD
 Next Visit with RN
 Day before Next Visit
 Day before next MD visit
 2 days before next visit
 1 week prior to next visit
 2 weeks before next visit
 PRN
 Standing order
 Per Protocol
 Per RN
 Schedule at Patient Convenience
 Return on Completion
 2 weeks after completion

1 Day
 2 Days
 3 Days
 4 Days
 5 Days
 6 Days
 7 Days
 8 Days
 9 Days
 10 Days
 11 Days
 12 Days
 13 Days
 14 Days

Within 1 Week
 1 Week
 2 Weeks
 3 Weeks
 4 Weeks
 5 Weeks
 6 Weeks
 7 Weeks
 8 Weeks
 9 Weeks
 10 Weeks
 11 Weeks
 12 Weeks

Within 1 Month
 1 Month
 2 Months
 3 Months
 4 Months
 5 Months
 6 Months
 7 Months
 8 Months
 9 Months
 10 Months
 11 Months
 12 Months

Every Days
 Every Weeks
 Every Months

Starting In Week(s)
 Starting In Week(s)
 Starting In Week(s)

x

x

x

Associated problems 3 [Create a new problem](#)

- Asthma, allergic * (J45.20 Mild intermittent asthma, uncomplicated)
- Essential hypertension (disorder) * (I10 Essential (primary) hypertension)
- Primary malignant neoplasm of colon (disorder) * (C18.4 Malignant neoplasm of transverse colon) ICD

Order Instructions

Chart Comments

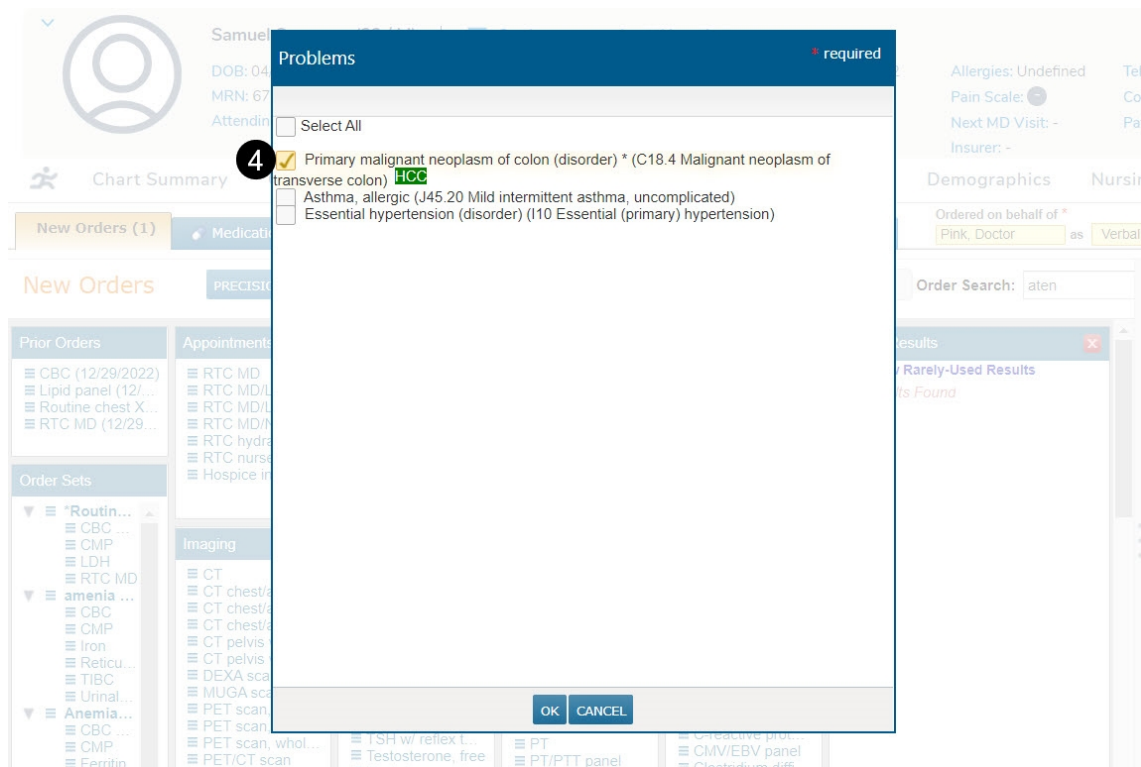
Location

Ordered from Location * Perform Location

San Francisco Medical Oncol Unspecified Specified Type: Location:

OK CANCEL NEXT ORDER

When adding medication orders, if the patient has just one principal diagnosis, then that one will be used automatically (callout 4).



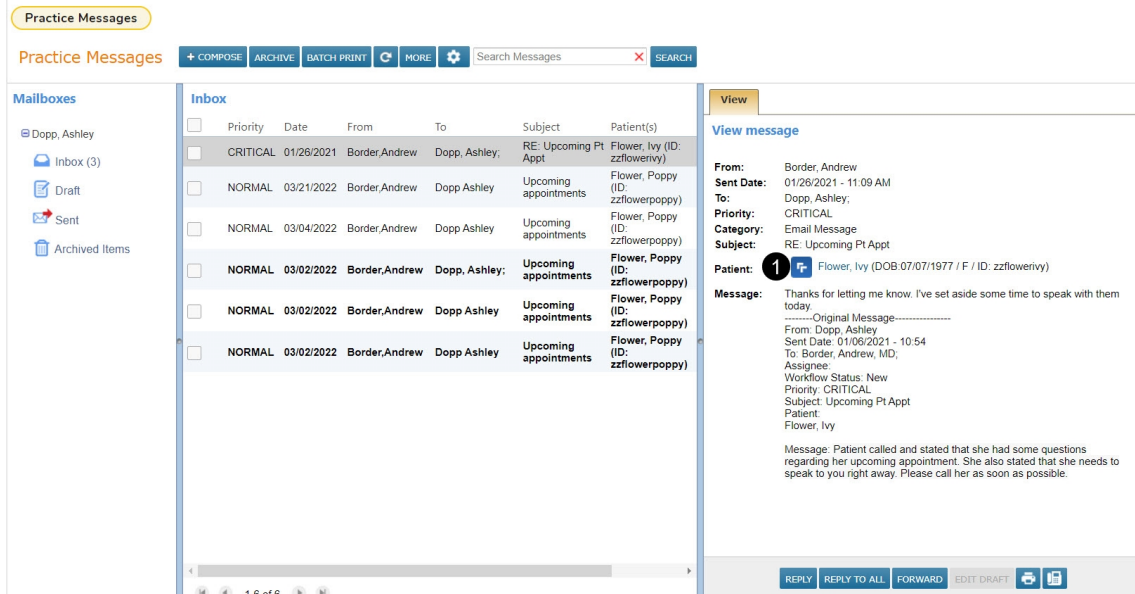
If the patient has multiple principal diagnoses, none will be added. This decreases the likelihood of creating an order that will be rejected by the pharmacy or by electronic prescription gateways that expect only one problem to be selected.

The **Associated Problems** widget can still be used when creating medication orders. Once a selection is made, it will apply to new service orders and medication orders.

Continued enhancements to simplify messaging

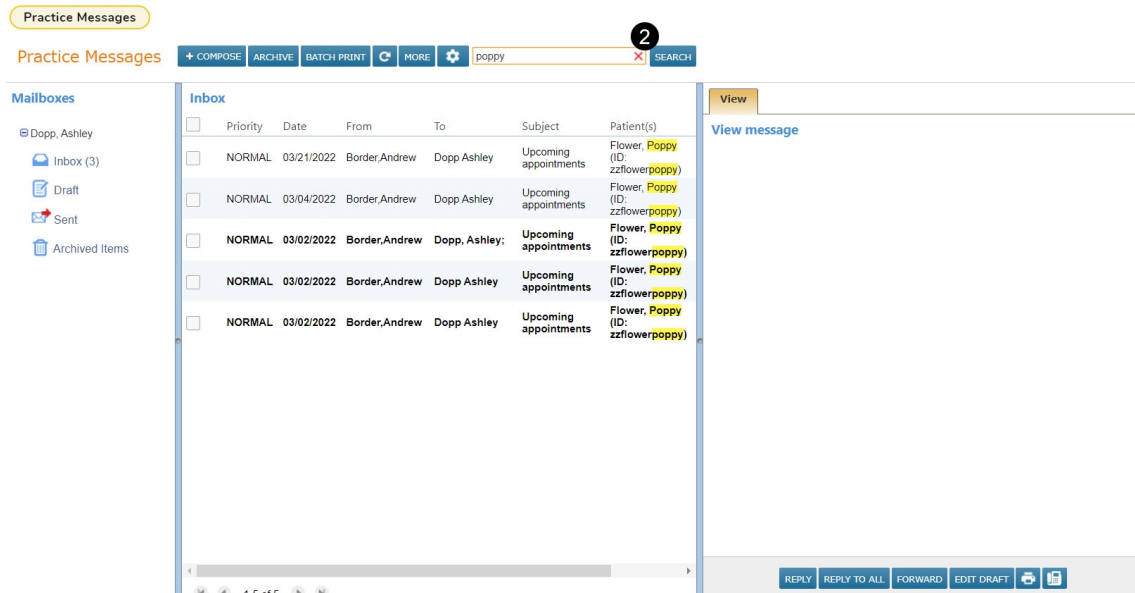
We added a new icon to the left of the patient's name in the **Message Center** (callout 1). Selecting this icon will route users directly to the **Messages** tab inside the patient's chart with the selected message in view. Users must have access to the **Messages** tab inside patient charts to use this feature.

NOTE: While this new icon will also appear in messages opened from the **Interval Summary**, it is not yet active and will not open the **Messages** tab inside the patient chart. This icon will be activated in a future release.



We also added a **Search** box in the **Message Center** (callout 2) that allows users to search their **Inbox**, **Sent**, **Draft**, and **Archived** folders. Users can enter search terms into the box, click their **Enter** button or select the **Search** or refresh buttons, and the system will search for the documented entry in the **From**, **To**, **Subject**, and **Patient(s)** columns.

NOTE: You must clear the search field to return to your full messages folder.



See results faster using the Interval Summary

Users can now see **Results** attachments inside **Chart Summary > Interval Summary** without having to navigate to the **Results** tab. If the **Result Values** tab displays **See note**, **See attached**, or **See comment**, the screen will focus by default on the attachment tab instead of the **Results Value** tab.

Additional Enhancements (A-Z)

Admin > Practice Preferences

Users can now enable the release of clinical notes to the patient portal if they have full admin permission. This can be done by enabling the **Admin > Practice Preferences > Other Feature > Release to Patient Portal** option.

Clinical Profile > Health Maintenance

We removed the **Advance Directive** option under **Patient Service** as it does not meet the requirements for advance directive measures for practices participating in any Value-Based Care initiatives. Instead, practices should use **Care Plan > Advance Care Planning**.

Documents > Macros

We updated the **#PatientSmokingStatus** macro so that all 3 smoking statuses now display the most recent entry for each category - smoking, vaping, and smokeless tobacco.

Interface > Manage Errors

A **PHYSICIAN_NOT_MAPPED** warning message will display in the **Message Code** column if the ordering provider is not mapped for the inbound interfaced result. This feature allows users to review the warning, add the provider, and complete the mapping for that ordering provider/interface.

Fixed Defects (A-Z)

Charge Capture

The issue preventing some charges from being captured for patients with multiple regimens will no longer occur after this release.

Documents

After this release, notes amended by users with their **Preferences** set to **Hide Replaced Clinical Notes** will now be hidden as expected.

Flowsheet > Regimen Management

The system will now properly capture the modified date in the Audit History when regimen schedule changes occur.

Message Center

We resolved the issue preventing users from sorting in the **Message Center**. The **Message Center** will default to sorting by **Priority**. If a user sorts by **Date**, the **Message Center** will sort messages in descending order with the most recent message appearing at the top until the user closes the **Message Center**.

Worklist Queues > eRx Message

The performance of the **eRx Message** queue has been improved. Records in the queue older than approximately 60 days will be purged regularly.

NOTE: Surescripts policy is to respond to Renewal Requests within 48 hours.