# Trinity Health

# **TogetherCare**

Powered by **Epic** to deliver TogetherHealth



# TogetherCare Project – Clinical Data Conversion Overview

Wave 6 Implementation – St. Joseph's Health - Syracuse, NY Implementation Date: March 18, 2023

#### TogetherCare Epic-to-Epic Data Conversion Scope

- The TogetherCare Core Clinical Data Conversion Scope Recommendations received final approval on seventeen data types from both the Clinical Excellence Council and the Epic Executive Steering Committee in late September 2018.
- TogetherCare then evaluated Epic's newly developed Epic-to-Epic conversions, and the Epic Executive Steering Committee approved the addition of six <u>new</u> conversion data types in July 2022 that will apply to our Wave 6 Epic-to-Epic conversion efforts.

#### **Clinical Conversion Team Responsibilities**

- 1. Historical Encounters
- 2. Anatomic Pathology
- 3. Imaging Results
- 4. Physician Notes

- 5. Problem List
- 6. Allergies
- 7. Ambulatory Medications
- 8. Immunizations
- 9. OB Histories

- 10. Vitals (Ambulatory Only)
- 11. Patient Histories
- 12. Ophthalmology
- 13. Scanned Document Links

#### **Application Team Responsibilities**

#### **HIM Identity**

14. Patient Information

<u>MyChart</u>

initv Health

15. MyChart Accounts

#### **Prelude / Cadence**

- 16. Future Appointments
- 17. Guarantor Accounts
- 18. Insurance Coverages

#### **Clinical Teams**

- 19. Future Orders
- 20. Implants
- 21. Health Maintenance Modifiers

#### **Radiant/Cupid**

22. PACs Links

#### **Hospital Billing**

23. In-House Charges

### **Clinical Conversion Team Responsibilities**

The Clinical Conversion Team worked directly with your HM to validate the clinical conversion of the following data types in Epic:

	5 71				
	Data Type	Scope	Responsible Team	Conversion Method	Notes
1	Historical Encounters	6 years	Epic Data Conversion	Electronically via Interface	6 years of historical encounters to match converted/active patient conversion timeframe
2	Anatomic Pathology	5 years	Epic Data Conversion	Electronically via Interface	Discrete or Textual Results
3	Imaging Results	5 years	Epic Data Conversion	Electronically via Interface	Radiology and Cardiology Textual Reports
4	Physician Notes	3 years	Epic Data Conversion	Electronically via Interface	History & Physicals, Consultations, Operative/Procedure Reports, Discharge Summaries, and ER/ED Physician Documentation
5	Problem List	6 years	Epic Data Conversion	via Care Everywhere	Most recent visit (no older than 6 years)
6	Allergies	6 years	Epic Data Conversion	via Care Everywhere	Most recent visit (no older than 6 years)
7	Ambulatory Medications	6 years	Epic Data Conversion	via Care Everywhere	Most recent visit (no older than 6 years)
8	Immunizations	6 years	Epic Data Conversion	via Care Everywhere	Most recent visit (no older than 6 years)
9	OB Histories	6 years	Epic Data Conversion	via Care Everywhere	Most recent visit (no older than 6 years)
10	Vitals (Ambulatory Only)	See Notes	Epic Data Conversion	Electronically via Interface	1 year for adult converted/active patients; Up to 6 years for pediatric converted/active patients
11	Patient Histories	6 years	Epic Data Conversion	Electronically via Interface	Includes Patient Medical, Surgical, Family, and Social Histories
12			Electronically via Interface and Application Utility	Discrete ophthalmology measurements stored as Smart Data Elements	
13	Scanned Document Links	See Notes	Epic Data Conversion	Electronically via Interface	Scanned Document Links are being converted to Epic for those documents included in the approved Document Conversion Scope (3 years)

### Activation Work Stream – Clinical Conversion

Wave 6: Table of approved clinical conversion data sources:

Clinical Conversion Data Type	St. Joseph's Health Syracuse, NY
Anatomic Pathology	Epic
Imaging Results	Epic
Physician Notes	Epic
Problem List Allergies Ambulatory Medications Immunizations OB Histories (via CCD reconciliation)	Epic
Historical Encounters	Epic
Vitals (Ambulatory Only)	Epic
Patient Histories	Epic
Ophthalmology	Epic



### **Application Team Data Conversion Responsibilities**

- There are additional data conversion activities occurring as part of the move to Epic that fall outside of the Clinical Conversion Team's scope of work that are managed by various Epic Application Teams
- The Application Teams listed in the table below under the "Responsible Team" column have responsibility for the specific conversion data types noted

	Data Type	Scope	Responsible Team (s)	Conversion Method	Notes		
14	Patient Information	6 years	HIM/Identity	Export/Import Utility	Expired patients will be excluded from the load to Epic		
15	15 MyChart Accounts 6 yea		MyChart	Export/Import Utility	MyChart accounts and logins for patients and patient linked proxies within your system. Non-Patient proxy accounts will not be converted.		
16	Future Appointments	See Notes	Cadence	Import and Manual Abstraction	Future appointments for active patient scope		
17	Guarantor Accounts	See Notes	Prelude	Import and Manual Abstraction	Guarantor accounts associated with the active patient scope		
18	Insurance Coverages	1 year	Prelude	Import and Manual Abstraction	1 calendar year		
19	Future Orders	See Notes	Various Clinical Teams	Manual Abstraction	Future orders for active patient scope		
20	Implants	6 years	OpTime	Export/Import Utility	Current implants recorded for the patient in OpTime		
21	Health Maintenance Modifiers			Export/Import Utility	Health Maintenance Modifiers can be used as part of the inclusion rule for determining how patients become members of a certain disease registry		
22	Radiology PACS Links	5 years	Radiant	Electronically via Interface	Radiology PACS Links will be converted for the five years of historic radiology reports converted		
23	In-House Charges	See Notes	Hospital Billing	Electronically via Interface	Charges for active in-house hospital patients at the time of Go Live		

#### Patient-Context Legacy Data Viewer (LDV) in Epic

- Legacy clinical data will remain accessible to Epic clinicians via the "Legacy Data Viewer" in Epic. This is a web-based viewer in Epic Hyperspace
- This viewer pulls select pieces of clinical information directly from scoped legacy systems for the same patient selected in Epic – providing a quick, view-only access of legacy data within the clinician's workflow as they are documenting current patient care in Epic
- Production access to the Legacy Data Viewer in Epic is assigned to select, role-based, clinical roles: Physicians, Nurses, Ancillary, Lab and more



#### Legacy Data Viewer Scope

 Clinical history from your legacy <u>Epic</u> EMR's are in-scope for the Legacy Data Viewer and includes the following data types:

- Documents (including Advance Directives and Amb Office Notes)
- Diagnostic Reports
- Labs (including General Chemistry, Microbiology)
- Procedures

- Problems
- Allergies
- Medications
- Immunizations
- Vital Signs
- Social History
- Family History



### **Converted Data Examples in Epic**



### **Historical Encounters**

- The goal of the encounter conversion is to <u>only</u> convert encounters that are associated with other clinical data that in scope for conversions
  - I.E. Encounters with imaging results, specific note types, etc...
- In collaboration with St. Joseph's Health Informatics Team, the following types of encounters were determined as in-scope for conversion to TogetherCare

Encou	nter Types				
Anticoagulation Therapy	Office Visit				
Cardiology Device Check	Postpartum Visit				
Cath Lab	Procedure visit				
Clinical Support	PROS Active/Rehabilitation				
Documentation	PROS Admission				
Eye Care	PROS Class				
Hospital Encounter	PROS Preadmission				
Immunization	Routine Prenatal				
Initial consult	SJH CPEP Mobile Crisis Outreach				
Initial Prenatal	Social Work				
Office Visit	Surgery Consult				
Postpartum Visit	Telemedicine				



#### Historical Encounters (Inpatient)

Chart Review		2 🖓 🔂 🕐 🗙
Encounters Notes Labs Imaging Cardiovas	cular Procedures Meds LDAs Media Letters	Episodes Referrals Other Orders •
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1 Year Ago		~
🗖 🛯 11/24/2017 🚭 Admission (Discharged)	Calculus of gallbladder with acute cho	olecystitis with 100000 💙
∞		A' A 间 🖬 🐇 🗙
Admission Discharged , MD Last attending • Treatment team	11/24/2017 - 11/25/2017 (32 hours) St Mary Mercy Livonia	None
Discharge Summary		Care Timeline
<pre>Patient: FIN:</pre>	MRN:	11/25 ODischarged 1124
Age: 48 years Sex: Female Associated Diagnoses: None Author: MD,	DOB:	Discharge Home or Self Care
Surgery Department FINAL EXAM and DISCHARGE SUMMARY		Medication Information Unavailable: This encounter predates the
Supervising Physician Comments Documentation By: Resident Physician.		concise medication summary feature. To view this encounter's medications you will need to open the encounter.
Discharge Information		
Admit Date: 11/24/17 Discharge Disposition: Home 01	1	Ý

#### Historical Encounters (Emergency)

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	OP Visit			Duct Without Cholangi	- present (1152 days) SJAA EMERGENCY tis Or Cholecystitis Without	Clinical Impressions Calculus of bile duct without cho or cholecystitis without obstruction	
9	Provider	rs	Obstruction Clinical impression	1			
	Results Imaging		nd Document	Orders	<b>Flowsheets</b>	Medication Changes None Medication List	
J	HealthQuest H					Care Timeline 1326 US ABDOMEN LTD 1737 NM HEPATOBILIARY SYS 1950 CT ABD AND PELVIS W CONTRAST 2054 Dismissed More Details	S

#### Historical Encounters (Outpatient)

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#### **Physician Notes**

- As part of the Epic-to-Epic TogetherCare Clinical Conversion Scope, TogetherCare converts notes that fall into the following categories: History & Physicals, Consultations, Operative/Procedure Reports, Discharge Summaries, ER/ED Physician Documentation, and Office/Clinic Notes
- In collaboration with St. Joseph's Health Informatics Team, the following legacy note types were determined as in-scope for conversion to TogetherCare

Note Types								
Assessment & Plan Note	Interval H&P Note							
Consults	Interval H&P Update							
Critical Care H&P	Lactation Note							
Discharge Summary	OB Triage							
ED Provider In Triage	Op Note							
ED Provider Notes	Procedures							
ED SuperTrack Provider Note	Progress Notes							
H&P								



### **Physician Notes**

Chart Review		<b>22</b> 🔂 🕐
Encounters Notes Labs Imaging Cardiovascular	Procedures Meds LDAs Media Letters Episodes Referrals Other Orders SnapShot	ع
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Note Date Type	Enc Type Author Service	Enc Department Linked Surgery
6 Months Ago		
ED Physician Notes (hx)	OP Visit	MCFRC EMERGE
		a A 🗐 🖬 🖷
	MD ED Provider Notes Date of Service:	
	Physician Signed Emergency Medicine	
	Signed	
	Patient: MRN:	
	FIN: Age: 40 years Sex: Male DOB:	
	Associated Diagnoses: None	
	Author:	
Þ	I have supervised the mid-level provider / resident in the care of this patient.	
	Pertinent Exam: Nontoxic-appearing male, no acute distress, normal range of motion	
	of bilateral lower extremities without any significant warmth or erythema, strong distal pulses, lung fields are clear, regular rate and rhythm, no	
	murmurs/rubs/gallops	
	Medical Decision Making: This patient has had a couple weeks of leg discomfort and	
	spasms, and his exam right now is very reassuring with nothing to suggest an infectious cause, vascular cause, or neurologic cause. He did have a laboratory	
	evaluation today was reassuring. I don't see any indication currently for	
	admission, his CK is slightly elevated and I discussed this with the patient. It's unclear what led to this at this time but it's very minor, setting would be	
	reasonable for him to hydrate very well and return home with a prescription for	
	NSAIDs and close follow-up instructions.Concerning signs and symptoms warranting a return to the emergency department have been explained in detail and strict return	
	precautions have been given. Emphasis has been placed on close followup and	
	monitoring of symptoms. All questions and concerns have been answered to the patient's satisfaction. Patient understands instructions for home care and feels	
	comfortable with the plan for discharge at this time.	
	Last signed by: at	
	Electronically signed by at	
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	℃ P Visit on 12/2/2018	

#### Pathology Results

Cha	rt Review										
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21	/ears Ago										
	12/14/2016	10:15	Tissue exar	n		Complet	ed - Final result		Legacy Encour	iter N	Ν
	- C 👂 🖶 🗠										
	Tissue exam										
	Status: Final result Vis	ible to pati	ient: No (Not	Released)							
	Component			2yr ago							
	Case Results						80 YRS F				
				RM/BD		ERING PHYSICIAN:					
				ACCESSION#:		ULT TRANSMITTED: A L P A T H O L C					
				CLINICAL INFORM		AL FAIROLC	GI KLF	JRI			
				PREOF DIAGNOSIS		neck cyst					
				POSTOP DIAGNOSIS		-					
				PROCEDURE: Pano	-						
►				TISSUE REMOVED:	Pancreatic	neck cyst.					
				GROSS DESCRIPTIO	ON:						
						Received is appro					
						ibmitted to Cytolog	y for process	sing.			
				Gross examinatio		med at					
				ZW :BAF12/14/16							
					By:	Electronic Signatu	(re)				
				MICROSCOPIC:	,	Dicovionio Dignado					
				Microscopic Exam	mination was	performed at		All	1		
				technical histo	logy was perf	formed at					
				DIAGNOSIS:							
						eedle aspiration,	-				
						AGES, OCCASIONAL I	INFLAMMATORY (	CELLS AND FEW			
				BENIGN EPITHELIA							
				JMU:JMU:TBC12 END OF REPORT	2/15/16						
	Comment: END OF	PEPOPT		END OF REPORT							
	Resulting Agency	MEIORI		HISTORICAL TESTIN	NG LAB RESULTING	G AGENCY					
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	Specimen Collected: 12	2/14/16 10:	:15					Last Resulted: 12/1	15/16 13:24		

### Imaging Results (Radiology)

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	07/30/2016 07/30/2016 XR CHEST 2 VIEWS						Final result
							A' A' 🔲 🖬 🖷
	XR CHEST 2 VIEWS Status: Final result						
	PACS Images						
	Show images for XR CHEST 2 VIEWS						
	▲ Study Result						
	EXAMINATION TYPE: XR Chest 2 Views						
٨	DATE OF EXAM: 7/30/2016						
	HISTORY: Chest Pain, weakness, shortness of breath						
	COMPARISON: 09/21/2014						
	NUMBER OF VIEWS: 2, PA and Lateral.						
	FINDINGS:						
	The heart is normal in size and the mediastinal contours are within normal limits in appearance. The lungs	appear to be free of a	auto infiltratos	vacaular markinga ara withir	a normal limita in annoaran	The viewelized hopes and set	tionuos of the therew
	are stable.	appear to be free of a	cate initiates . The pullionary	vascular markings are widin	r normar innus in appearant		
	IMPRESSION:						
	Signed by						
Þ	Signed	Date/Time 7/30/2016	21:21	Phone		Pager	
	Exam Information						
	Status Final [99]	Exam Begun			Exam Ended 7/30/2016	20:52	
	External Results Report		€ Encounter				
	Open External Results Report		View Encounter				
	Reading Providers		·				
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### Imaging Results (Cardiology)

Review					🞬 🚱
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ECG					Order: 10005252
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Narrative					
Exam Date:Mar 23 2019					
Ventricular Rate:84 BPM					
P-R Interval:140 ms					
QRS Duration:74 ms					
Q-T Interval:362 ms					
QTC Calculation(Bazett):404 ms					
P Axis:73 degrees					
R Axis:84 degrees					
T Axis:48 degrees					
SINUS RHYTHM					
	QRS DEFLECTION < 1.0 MV IN CHEST LEADS]				
SEPTAL INFARCT [40+ MS Q WAVE IN	V1/V2], PROBABLY OLD				
ABNORMAL ECG					
NO PREVIOUS ECGS AVAILABLE					
Confirmed by	0/00/0010 0-00-04 TM				
Confirmed by	on 3/23/2019 8:33:34 PM				
Dictated By:					
Author: —	Service: —		Author Type: —		
Filed:	Date of Service:		Status: (Other)		
Exam Date:Mar 23 2019 15:13:00 Ventricular Rate:84 BPM P-R Interval:140 ms QRS Duration:74 ms Q-T Interval:362 ms QTC Calculation(Bazett):404 ms					



#### **Problem List**

oncile Outsic	e Info Problems Immunizations				222
gles <u>m</u> edications			Problem Reconciliati	on History Show: Past	t Problems Deleted
	Diagnosis	Overview	Source	Noted Re	esolved Updated
+ 🖞 🥑	Arthritis(Confirmed) New Add as: Arthritis 🖋		Cerner M1PRD		11/19/20
+ 🛍 🥝	Bursitis(Confirmed) New Add as: Bursitis ℯ		Cerner M1PRD		11/19/20
+ 🖞 🚱	Asthma 🖋 New		2 Outside Sources	4/6/2015	8/8/2019
+ û e	Atherosclerosis of coronary artery New		IHA NextGen	3/1/2013	8/8/2019
+ 🛍 🥝	Coronary arteriosclerosis / New		IHA NextGen	4/6/2015	8/8/2019
+ 🛍 🥝	Benign hypertension 🖋 New		IHA NextGen	3/1/2013	8/8/2019
+ û <b>e</b>	Cardiac pacemaker in situ 🖉 New		IHA NextGen	11/20/2013	8/8/2019
+ 🖞 🥝	Carpal tunnel syndrome(Confirmed) New Add as: Carpal tunnel syndrome &		Cerner M1PRD		11/19/20
+ 🖞 🚱	Diabetes mellitus type 2 New Add as: Diabetes mellitus, type 2 (CMS/HCC)		IHA NextGen	3/1/2013	8/8/2019
+ û <b>e</b>	Diabetes mellitus(Confirmed)1 New Add as: Diabetes mellitus (CMS/HCC)	per H&P	Cerner M1PRD		11/22/20
+ 🛍 🥝	Diverticulitis(Confirmed) New Add as: Diverticulitis 💉		Cerner M1PRD		11/19/20
+ û <b>e</b>	Family history of coronary arteriosclerosis 🖋 New		IHA NextGen		8/8/2019
+ û <b>e</b>	First degree atrioventricular block(Confirmed) New Add as: First degree atrioventricular block 🖉		Cerner M1PRD		11/19/20



### Allergies

Alle	rgies	<u>M</u> edio	cations	Problems Immunizations											
												Allergy Reconciliation History	Show: Deleted	Expired	s
-				Agent	Reaction	Severity	Reaction Type		Comments		Source	9	Noted	Updated on	
	+	Ш	6	Codeine 🖋 New	Headache	! High	Allergy				3 Outs	ide Sources		7/19/2019	$\approx$
													前 [	Discard Remainir	ng
Re	conci	ile C	Dutsid	e Info										20	?
All	ergies	<u>M</u> ed	ications	Problems Immunizations								Allergy reconciliation mistory	Snow. Deleted	Expired	æ
				Agent	R	Reaction		Severity	Reaction Type	Comments		Source	Noted	Updated on	
	+	١	e	Sulfa Drugs Add as: unknown ₽					Allergy			Cerner M1PRD		11/19/2013	
	+	Û	e	Acetaminophen 🖍 New				Medium	Intolerance			IHA NextGen	6/16/2013	6/16/2013	
	+	Û	62	Keflex New Add as: Cephalexin 🖋					Allergy			2 Outside Sources	1/11/2013	11/20/2013	*
	+	Û	62	Codeine 🖉 New					Allergy			2 Outside Sources	1/11/2013	5/13/2014	≽
	+	Û	63	Morphine New	u	nknown (Unknown)			Allergy			2 Outside Sources	11/30/2012	2/24/2014	≽
	+	۵	€3	Iodine 🖋 New	u	nknown (Unknown)			Allergy			2 Outside Sources	11/30/2012	2/24/2014	≽
	+	Û	e	<b>Macrobid</b> New Add as: Nitrofurantoin Monohyd/m-cryst∳	u	Inknown (qualifier value) (Un	known)		Allergy			Cerner M1PRD		8/6/2019	
	+	Û	6	Nitrofurantoin 🖉 New	u	nknown (Unknown)			Allergy			IHA NextGen	11/30/2012	2/24/2014	≽
	+	١	6	Penicillins New					Allergy			2 Outside Sources	11/30/2012	11/19/2013	≽
	+	Û	63	Pentazocine Lactate New					Allergy			2 Outside Sources	1/11/2013	2/24/2014	≽
	+	Û	€3	Prednisone 🖋 New	u	nknown (Unknown)			Intolerance			2 Outside Sources	11/30/2012	8/6/2019	≽
	+	۵	<b>6</b> 2	<b>Pseudoephedrine Hydrochloride</b> New Add as: Pseudoephedrine Hcl					Allergy			IHA NextGen	1/11/2013	2/24/2014	≈
	+	Û	<b>6</b> 2	<b>Sulfanilamides</b> New Add as: Sulfa (sulfonamide Antibiotics) <b>∢</b>	u	nknown (Unknown)			Unspecified			IHA NextGen	11/30/2012	2/24/2014	*

#### **Ambulatory Medications**

concile Outsid	de Info					<b>2</b> 0
lergies Medications	Problems Immunizations					
+ 🛍 🥲	Vitamin B12 Subl Tab Add as: unknown	Dose: 500 mcg	500 mcg, PO, Daily	4/4/2018	Cerner M1PRD	4/4/2018
<b>+ û e</b>	Vitamin D3 Add as: unknown	Dose: 800	800 Unit, PO, Daily	4/4/2018	Cerner M1PRD	4/4/2018
ALBUTEROL SUL	ATE					
+ 🛍 🥲	Proventil 2.5 mg/3 mL (0.083%) inhalation solution New Add as: albuterol 2.5 mg /3 mL (0.083 %) nebulizer solution	Dose: 2.5 mg	Take 3 mL, Nebul, Q2h, PRN Wheezing	4/4/2018	Cerner M1PRD	4/4/2018
ASCORBIC ACID						
+ 🛍 🥲	Vitamin C 1,000 mg tablet New Add as: ascorbic acid (VITAMIN C) 1,000 mg tablet		take 1 by Oral route every day	1/11/2013	IHA NextGen	1/11/2013
ASPIRIN						
+ 🛍 🥑	Aspirin Low Dose 81 mg tablet, delayed release New Add as: aspirin (ASPIRIN LOW DOSE) 81 mg DR tablet		take 1 tablet (81MG) by oral route every day		IHA NextGen	8/8/2019
ATORVASTATIN						
+ 🖞 🥝	atorvastatin 10 mg tablet New Add as: atorvastatin (LIPITOR) 10 mg tablet	Dose: 1 tablet	take 1 tablet by oral route every day	2/16/2018	IHA NextGen	2/16/2018
+ 🛍 🥑	Lipitor New Add as: atorvastatin calcium (LIPITOR ORAL)	Dose: 10 mg	10 mg, PO, Daily	4/4/2018	Cerner M1PRD	4/4/2018
CALCIUM CARBO	NATE (MINERALS AND ELECTROLYTES - CALCIUM REPLACEMENT),	CALCIUM CARBO	NATE (ANTACID - CALCIUM)			
+ 🛍 🥝	Caltrate New Add as: CALCIUM CARBONATE ORAL	Dose: 1200 mg	1,200 mg, PO, Daily	4/4/2018	Cerner M1PRD	4/4/2018
CARVEDILOL -						
+ 🛍 🥑	carvedilol 12.5 mg tablet New Add as: carvedilol (COREG) 12.5 mg tablet	Dose: 1 tablet	take 1 tablet by oral route 2 times every day with food	2/16/2018	IHA NextGen	2/16/2018
CETIRIZINE HCL						
+ ŵ <b>e</b>	Zyrtec 10 mg tablet New Add as: cetirizine (ZyrTEC) 10 mg tablet	Dose: 1 tablet	take 1 tablet by oral route every day	4/18/2018	IHA NextGen	4/18/2018
CHOLECALCIFER	DL (VITAMIN D3)					
+ 🛍 🥑	Vitamin D3 5,000 unit tablet New Add as: cholecalciferol, VITAMIN D3, 5,000 Units tablet		1 Tablet 4 times a week	4/6/2015	IHA NextGen	4/6/2015
CLOPIDOGREL BI	SULFATE					
+ 🛍 🥑	Plavix 75 mg tablet New Add as: clopidogrel (PLAVIX) 75 mg tablet	Dose: 1 tablet	take 1 tablet by oral route every day	2/16/2018	IHA NextGen	2/16/2018



#### **Immunizations**

Dutside of Local Medical Record							
							Immunization Reconciliation
	Adminis	tered On					
New Immunizations	425/20		004 40/04/4000				
+ All 🛍 All 🥝 DTaP New	4/25/20	02, 1/10/2002, 9/18/2001, 8/6/2		Deer		1 - 1 - 4	0
Date	New	Received DTaP	To be saved as DTaP	Dose	Manufacturer	Lot #	Source NextGen
		DTaP	DTaP				NextGen
+ 🛍 🥝 9/18/2001		DTaP	DTaP				NextGen
<b>+ 1 2</b> 8/6/2001	New	DTaP	DTaP				NextGen
🛨 🛍 🥑 10/31/199	6 New	DTaP	DTaP				NextGen
+ All <b>1</b> All <b>e</b> H1N1 Influenza vaccine Ne Add as: H1N1 All Forms	w 11/14/2	009					
+ All the All All C Haemophilus influenzae ty conjugate unspecified form Add as: HiB		1, 10/31/1996					
Hep B (ped/adol, 3 dose) Add as: Hep B, Adolescent or Pe		12, 8/6/2001, 10/31/1996					
🕂 All 🛍 All 🥝 MMR New	4/25/20	02, 9/4/2001					
+ All all C Polio, Inactive New Add as: IPV	9/18/20	01, 8/6/2001, 10/31/1996					
🕂 All 🛍 All 🥝 Tdap New	9/17/20	18, 12/5/2008					
+ All all e Varicella - VIS: 2/12/18 Ner Add as: Varicella	N 12/5/20	08					
🕂 All 🏛 All 🥑 Varicella New	9/4/200	1					



## Vitals (Ambulatory Only)

Chart Review					2	× © €
Encounters Notes	Labs Imaging	Cardiovascular Procedures	Meds LDAs Media Letters	Episodes F	Referrals Other Orders	<del>-</del> ∦
<u> Refresh (5:47 PM)</u> ■ Route	Review Selected	Synopsis 🔗 Lifetime 🗹 Previe	ew - ∿r E <u>n</u> counter More - <b>⊨</b> Add	to <u>B</u> ookmarks	DnBase Patient Window	
▼ <u>F</u> ilters  Hide Add'I Visits	Family Medicine	SFHWH WEST HARTFORD	Admissions			Off)
When	Туре	With	Description		Rese Book Open/Closed	CSN
	Legacy Encounter	Cadena, E			Signed	100004 🔨
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Legacy Encou Esmerelda Cadena, MD Pediatrics	inter	TH HISTORIC ENCO	UNTERS EASTERN CONVERSION ONLY	Orders None	Placed	
Additional Docume Vitals: Pulse 1 BSA 0.2 Flowsheets: Vitals	68 Ht 0.502 m (19.75	") Wt 3540 g (124.9 oz) HC 35.5 d	rm (13.98") BMI 14.07 kg/m²	Medica None	ation Changes	
Encounter Info: Billing	Info, History, Allergies	5		Visit D	iagnoses	
Athena Mercy Health:	🗕 – 🕄 👂 🖶 📼			A' A' 间 🖩 🖷 🗙		
	Row Name     C       Vital Signs     Pulse       Pulse     1       Height and Weight     C       Weight     C       BSA (Calculated - sq m)     C	(all recorded) 02/27/17 0000 168 0.502 m (19.75- ) 5540 g (124.9 522 sq meters 14	TH HISTORIC ENCOUNTERS EASTERN (			
Trinity Health	BMI = 25 OTHER	13.8 35.5 cm (13.98- )			©Trinity Health 2023, All Right	ts Reserved 22

### Patient Histories (Medical and Surgical)

	Add Pertinent Negative					
	Diagnosis	Date	Age	Comment	Src.	
FLUENCERS	HL (hearing loss)			Partial L	Q∎	
e & Sexual	Cancer (CMS/HCC)			L kidney cancer- partial		
ocumentation	Asthma				Q.	
nomic	Arrhythmia			LBBB, documented since		
onditions	Anxiety				¢€	
·	Pertinent Negatives 奈	Date Noted		Comment	Src.	
	PONV (postoperative nausea and vomiting)	6/17/2020			<b>℃</b>	
	Malignant hyperthermia due to anesthesia	6/17/2020			2	
	Hard to intubate	6/17/2020			ledical history audit trail report I Pertinent negative audit tra	
	Surgical History	]				
		Laterality	Date	Age	Comment	Src.
	Add Pertinent Negative		Date 6/17/2020	Age 60y	Comment Procedure: OPEN BIOPSY/EXCISION OF RIG	
	Add Pertinent Negative	Laterality				н 🜮
	Add Pertinent Negative Procedure SOFT TISSUE BIOPSY	Laterality Right Left			Procedure: OPEN BIOPSY/EXCISION OF RIG	₽ ₽ ₽
	Add Pertinent Negative  Procedure  SOFT TISSUE BIOPSY SHOULDER SURGERY SHOULDER ARTHROSCOPY W/ ROTATOR C	Laterality Right Left	6/17/2020	60y	Procedure: OPEN BIOPSY/EXCISION OF RIG Secondary to chronic dislocation	H ∳2 ∳2 PP ∳2
	Add Pertinent Negative Procedure SOFT TISSUE BIOPSY SHOULDER SURGERY SHOULDER ARTHROSCOPY W/ ROTATOR C REPAIR	Laterality Right Left UFF Right	6/17/2020 1/31/2018	60y 58y	Procedure: OPEN BIOPSY/EXCISION OF RIG Secondary to chronic dislocation Procedure: RIGHT SHOULDER ARTHROSCO	H ∳2 ∳2 PP ∳2
	Add Pertinent Negative Procedure SOFT TISSUE BIOPSY SHOULDER SURGERY SHOULDER ARTHROSCOPY W/ ROTATOR C REPAIR SHOULDER ARTHROSCOPY	Laterality Right Left UFF Right	6/17/2020 1/31/2018	60y 58y	Procedure: OPEN BIOPSY/EXCISION OF RIG Secondary to chronic dislocation Procedure: RIGHT SHOULDER ARTHROSCO Procedure: ACROMIOPLASTY; Surgeon: Kim	H シ シ P シ m シ シ
	Add Pertinent Negative  Procedure  SOFT TISSUE BIOPSY SHOULDER SURGERY SHOULDER ARTHROSCOPY W/ ROTATOR C REPAIR SHOULDER ARTHROSCOPY NEPHRECTOMY	Laterality Right Left UFF Right	6/17/2020 1/31/2018	60y 58y	Procedure: OPEN BIOPSY/EXCISION OF RIG Secondary to chronic dislocation Procedure: RIGHT SHOULDER ARTHROSCO Procedure: ACROMIOPLASTY; Surgeon: Kim	ын р р мР р т р р р
	Add Pertinent Negative Procedure SOFT TISSUE BIOPSY SHOULDER SURGERY SHOULDER ARTHROSCOPY W/ ROTATOR C REPAIR SHOULDER ARTHROSCOPY NEPHRECTOMY NASAL SEPTUM SURGERY	Laterality Right Left UFF Right	6/17/2020 1/31/2018	60y 58y	Procedure: OPEN BIOPSY/EXCISION OF RIG Secondary to chronic dislocation Procedure: RIGHT SHOULDER ARTHROSCO Procedure: ACROMIOPLASTY; Surgeon: Kim	H シ シ P シ m シ シ
	Add Pertinent Negative	Laterality Right Left UFF Right	6/17/2020 1/31/2018	60y 58y	Procedure: OPEN BIOPSY/EXCISION OF RIG Secondary to chronic dislocation Procedure: RIGHT SHOULDER ARTHROSCO Procedure: ACROMIOPLASTY; Surgeon: Kim Partial L nephrectomy	ын Р Р мР Р мп Р Р Р Р Р
	Add Pertinent Negative	Laterality Right Left UFF Right	6/17/2020 1/31/2018	60y 58y	Procedure: OPEN BIOPSY/EXCISION OF RIG Secondary to chronic dislocation Procedure: RIGHT SHOULDER ARTHROSCO Procedure: ACROMIOPLASTY; Surgeon: Kim	ын Р Р мР Р мп Р Р Р Р Р
	Add Pertinent Negative	Laterality Right Left UFF Right	6/17/2020 1/31/2018	60y 58y	Procedure: OPEN BIOPSY/EXCISION OF RIG Secondary to chronic dislocation Procedure: RIGHT SHOULDER ARTHROSCO Procedure: ACROMIOPLASTY; Surgeon: Kim Partial L nephrectomy	ын Р Р мР Р мп Р Р Р Р Р

### Patient Histories (Family and Social)

GENERAL	Family Histor	ory						
Surgical								View problems as: O Checkboxes OL
Family								
	Relationship	Name	Status	Problems			Age of Onset	Comments
SOCIAL INFLUENCERS	× Mother		Decsd		" <b>+</b>	Hypertension		
	-					Colon cancer		
Social Documentation Socioeconomic	× Father		Decsd	No Know				glioblastoma
Living Conditions	X Sister (1)			No Know				
Living Conditions	Sister (2)		-	No Know			_	
SPECIALTY	X Sister (3)		Aller			Melanoma		
Birth	Sister (4)		Alive	No Know				
Obstetrics	X Sister (5)		Alive	No Know				
	X Sister (6)		Alive	No Know	n   +			
	-> Tobacco Tobac	co Use: Nev	ver Smoker		,o	Smokeles	s Tobacco Use:	Never Used
	Sta	rt Date:	Ċ.				Types:	Snuff Chew
	Qu	it Date:	Ċ.			Smokeles	s Tobacco Quit Date:	
		Types: Cig	arettes Pi	pe Cigars			L	
	Pac	ks/day:		0.25 Ciga	ars	1.5 2 3		
		Years:		0.5 1	2	3 4 5 10		
	Con	15 nments:						

#### **OB** Histories

History		
GENERAL	Obstetric History	
Surgical Family	There are pregnancies from outside sources	
SOCIAL INFLUENCERS	Obstetric History needs attention Go Reconcile →	
Social Documentation	Gravida	Para
Socioeconomic		
Living Conditions	SAB	IAB
SPECIALTY		
Birth	Never pregnant Currently pregnant Add P	Previous Pregnancy
Obstetrics	Date GA Outcome Delivery Type V	Weight
Reconcile Outside Pregn	ancies	
	Date GA Outcome Delivery Type We	eight Sex Living A1 A5 PTL Delivering Clinician
2015 Pregnancy		
+ 🛍 🖵 🥙	6/14/2015 Term Vag-Spont	F Living
	Delivery Location: Community General Source Organization: St. Joseph's Hospital Health Center	



### Ophthalmology

🖸 👪 🖷 🛛 🖻 Pla	n of Care 🗏 Strabismus [	🗄 Recent Tonometry 📙 Ophth Patient Sum	mary	Previous Exams	<i>P</i> 8
lain Ophthalmolo	gy Exam (11/18/2022)	)			
External Exam					
		Right	Left		
External		Normal	Normal		
Slit Lamp Exam					
		Right	Left		
Lids/Lashes		2+ Dermatochalasis - upper lid	2+ Derr	matochalasis - upper lid	
Conjunctiva/Sclera		White and quiet		nd quiet	
Cornea		Clear	Clear		
Anterior Chamber		Deep and quiet	Deep an		
Iris		Round and reactive		and reactive	
Lens Vitreous		1+ NS Cataract		Cataract, 1+ Cortical cataract, 2+ Pseudoexfoliation	
		Normal	Normal		
Fundus Exam		Diaht	L off		
Disc		Right Normal	Left Normal		
C/D Ratio		0.3	0.3		
Macula		Normal	Normal		
Vessels		Normal	Normal		
Periphery	_	Normal	Normal		
Edited by: Com	revious Exams				
		Plan of Care 🔋 Strabismus 🔋 Recent	Tanamata, E Onbits Datiant Summan		Previous E
ase (11/18/2022		prehensive Ophth Physician Kaleidoscop			Previous E
Visual Acuity (Si	Edited by: Comp	renensive opnin Physician Raleidoscop	ie, MD		
	Additional Tests	(11/18/2022)			
Dist cc	Keratometry (Au				2.54.5
Dist cc Correction: Glasses		K1	Axis	K2	Axis
	Diaba			44.50	061
	Right	43.75	151		090
	Left	43.50	180	43.75	
	Left		180	43./5	
	Left Edited by: Comp	43.50 prehensive Ophth Physician Kaleidoscop	180	43./5	
	Left Edited by: Comp Contact Lens (11/	43.50 prehensive Ophth Physician Kaleidoscop /18/2022)	180	43./5	
	Left Edited by: Comp	43.50 prehensive Ophth Physician Kaleidoscop /18/2022) utomated)	180 De, MD		
	Left Edited by: Comp Contact Lens (11/ Keratometry (Au	43.50 prehensive Ophth Physician Kaleidoscop (18/2022) utomated) K1	180 De, MD Axis	K2	Axis
	Left Edited by: Comp Contact Lens (11/	43.50 prehensive Ophth Physician Kaleidoscop /18/2022) utomated)	180 De, MD		Axis 061 090



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Rachel H Zylberberg, MD Last attending • Treatment team					
Discharge Summary				Care Timeline	
Discharge Summary (hx) - Scan on 12:00 AM				Discharged 1835	
Other Notes All notes				Discharge	
				Home or Self Care	
Additional Orders and Documentation	Crders	Flowsheets		Medication Information	
Encounter Info: History, Allergies, Education, Care Plan, Care Plan				Unavailable: This encounter predates the concise medication summary feature. To view this encounter's medications you	
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					Discharge Summary (hx)
					00:00 Attached To:
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					MD
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•	Dr. MADHURI KURUP Columbus Ob-Gyn				
	150 Taylor Station Road Columbus, Ohio				
	43213				
	Patient's NamE: Hospital Number:	AdmissioN Date: Discharge Date:			
	MOTHER'S NAME:				
	Dear DR.MADHURI KURUP;				✓
	I have taken care of an infant at Mount Carme	el East Hospital who is well known to you.			