

ECW Newsletter

The rollout of ECW has been a huge disappointment. The added stress is taking a toll on everyone. Weekend and evening hours spent on ECW make one week blur into another. The main stress for many right now is simply getting the old data into ECW. Once the data is in ECW, the challenge will be to make ECW work well for us.

When we first started using LMR, the EMR Committee sent out a newsletter periodically to help us all understand how to accomplish certain tasks – and helpful hints on making LMR more functional for us. We are going to do the same with ECW. ECW has a very steep learning curve – it is much more flexible than LMR, but this also makes it much more complicated.

We will send out a brief newsletter every week with suggestions on how to accomplish various tasks in ECW. If you find something in ECW that really helps you, please pass it on to someone on the EMR Committee so that we might include it in a future newsletter.

Today's points:

1. **Allergies:** The allergy data transfer was less than optimal (other language could be used if this were not a public newsletter). Allergies to “penicillin”, “sulfa”, “cephalosporins”, “trimethoprim-sulfamethoxazole” - to name a few – were transferred as “nonstructured” data. This means that the stupid computer will not recognize a “penicillin” allergy when you write a script for Augmentin. You, or a knowledgeable member of your office, needs to check the allergies. If there is a “nonstructured” allergy to penicillin, someone needs to re-enter it as a structured allergy. Click “Add” in the allergy box and use the drop-down box for “structured”, then enter penicillin, then the reaction, then call it an allergy or side effect, and make it “Active”. Then remove the unstructured penicillin allergy. Tedious – yes – necessary – YES.
2. **Naming convention of scans:** For any offices that are scanning, please name the scan using the following convention:
 - the first entry should be that date in the format of yyyy/mm/dd – so 2013/12/11
 - the next entries are less important, but try to provide some useful information – for example, a consult from Dr. Ward at Hudner might be 2013/12/11 Oncology Consult/Ward, while a discharge summary from CMH might be 2013/12/11 Discharge/CMH. A chest CT from SAH might be 2013/12/11 Chest CT/SAH. But the most important thing is to start with the date in the right format.
3. **Naming convention for office visits:** The name that identifies a visit in ECW is defined by the REASON that is entered in the appointment screen for the visit. In order to make it easier to figure out who saw the patient and why, we ask that you use a consistent naming convention for visits. A patient seen in my office for hypertension should be given a visit reason of “PCP HTN”. For a cardiology appointment for aortic stenosis, use “CARD AS”. For Dr. Yacoub seeing a patient with thyroid disease, use “ENDO Thyroid”. VASC, NEURO, PULM, POD, RHEUM, and so on. The first entry should identify the type of doctor seeing the patient. The next entry is less important, but it would be nice to make the information useful. This entry shows up in the Chief Complaint for the visit. You can change the CC – it will not change the name of the visit. You have to go back to the appointment screen to change the name of the visit.

That is all for now. The following newsletters should be more helpful in working with ECW. The points raised today are more important for ECW functionality – this doesn't make your life easier, but does help with future searches and helps protect our patients from dangerous allergic reactions.

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