

EPIC TRAINING



Telepsychiatry Admission Workflow for Amwell and SOC Providers

HOUSTON
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LEADING MEDICINE



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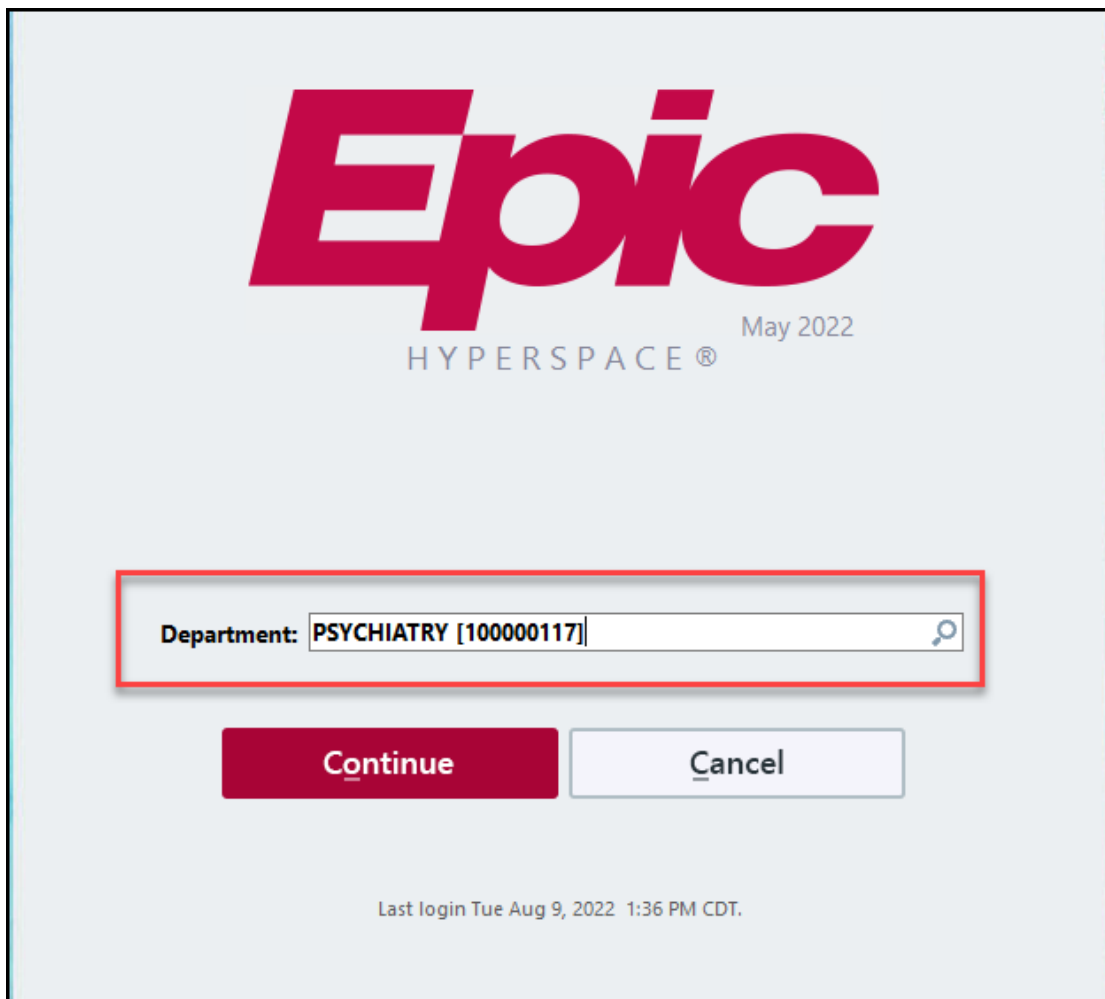
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Audience: Amwell and SOC Providers

Login Department


After logging into Epic with your Houston Methodist credentials, a screen will appear for you to select the designated department. In the **Department** drop-down field, enter **Psychiatry**, as shown below.

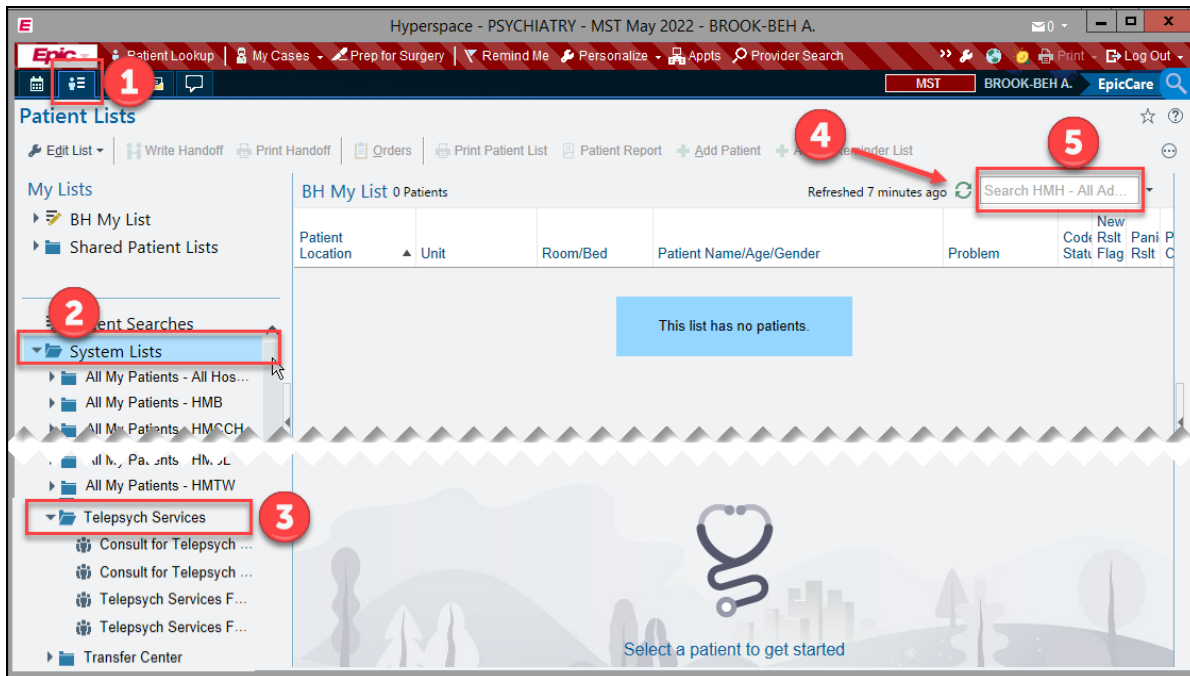




Locating Patients

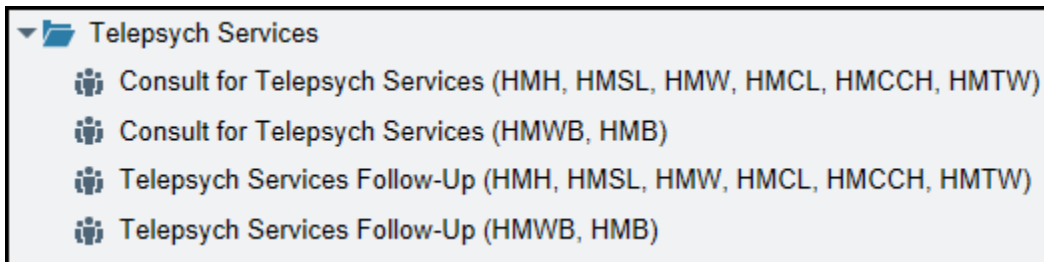
Once logged into Epic:

1. Navigate to the **Patient List** activity  (the top-left side of your screen).
2. Expand **System Lists** folder.
3. Locate and expand **Telepsych Services** folder.
4. Click here to refresh list.
5. Use **Patient list** search to find patients not on the consult list.



Accessing Patients on the System List

These lists will display patients who have a consult or follow-up order for telepsych services, sorted by facility.



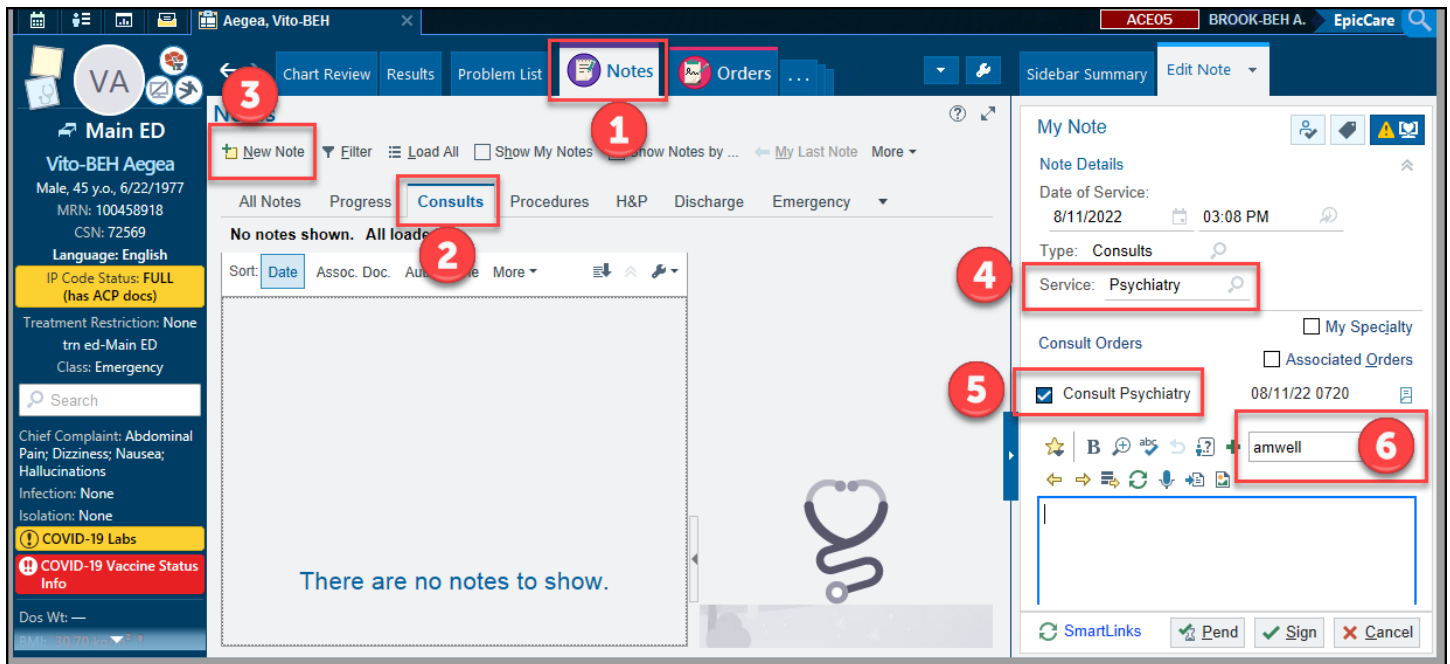


Writing a Consult Note

Starting a New Note

Open the patient’s chart by double clicking the patient’s name, on the **Patient List**.

1. Locate the **Notes** tab inside the patient’s chart.
2. Select **Consult** tab.
3. Click **New Note**.
4. For **Service**, enter **Psychiatry**.
5. Link note to consult order by clicking the **checkbox** next to **Consult Psychiatry**.
6. Type **Amwell** or **SOC** in the **Insert SmartText** box to utilize the template.







Accessing the Consult Note Template

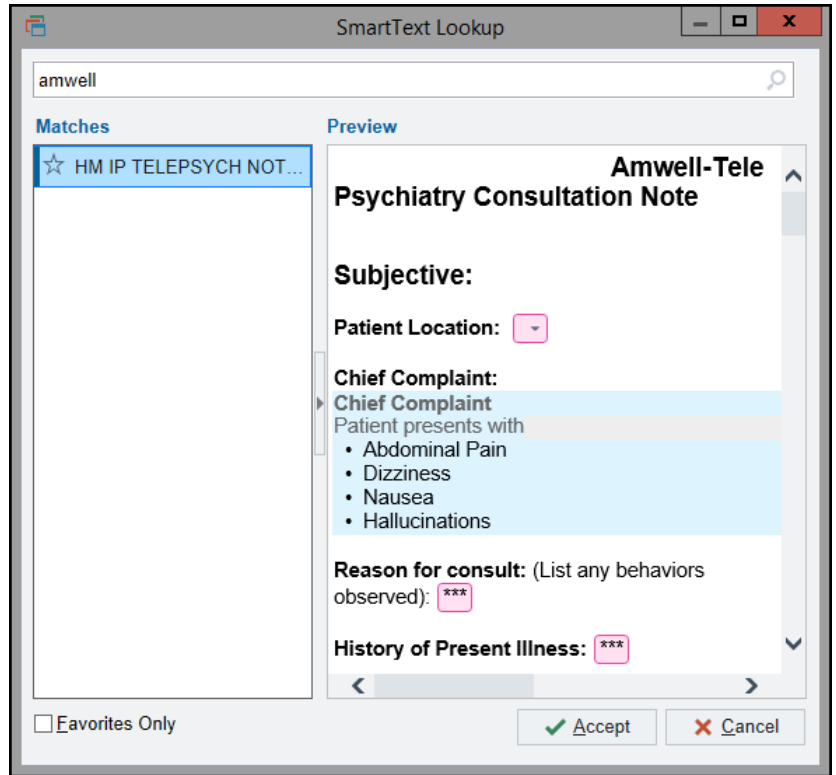
The **SmartText Lookup** window will appear. The note template will be highlighted, click **Accept**. The note will be displayed for your completion.

Completing the Consult Note Template

SmartLists and Wildcards

Once the note has been selected, you can navigate the note by using your **F2** key on your keyboard or choose **Next Field** from the right-click menu. You must complete all the

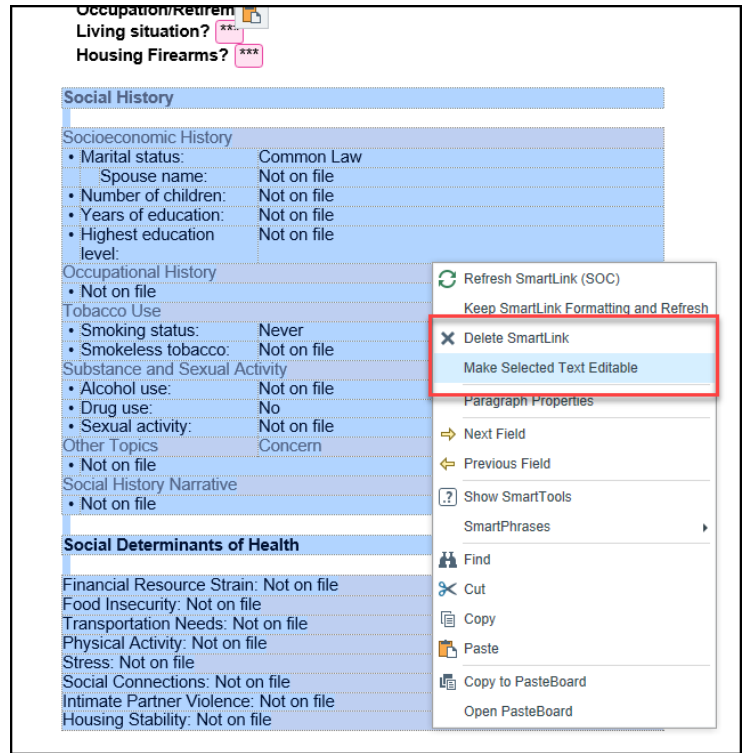
SmartLists  and **wildcards**  before you can sign the note. Once you've made your selection in the **SmartLists** drop-down, press enter, and the template will take you to the next field. **Wildcards** are free-text fields. Once you complete the free-text fields, you can go to the next item by pressing **F2**.





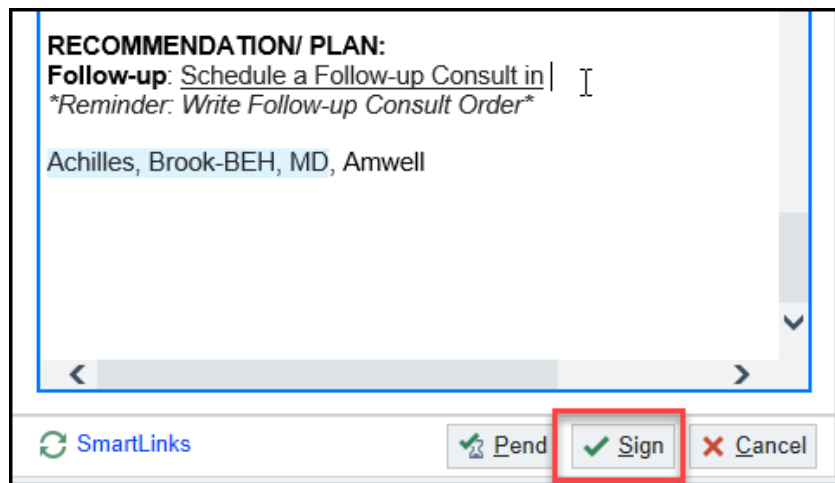
SmartLinks

Parts of the note template consist of **SmartLinks** which are displayed as information highlighted in blue. They'll auto-populate from what has been entered in the patient's chart. If the information isn't found in the patient's chart, it will display "not on file" or the field will be blank. The tables can be edited by right-clicking on them and selecting **Make Selected Text Editable**. If the table needs to be deleted, you can select **Delete SmartLink**.



Sign the Consult Note

Once all documentation has been completed, click **Sign** in the bottom-right corner.





Placing an Order


Placing a Follow-Up Consult Order

1. Navigate to the **Orders** tab.
2. Enter **Telepsych** in the **Place orders** field.
3. Double-click **Consult for Telepsych Services Follow Up Consult**.
4. The **Consult for Telepsych Services Follow Up Consult** order will open. Complete the required fields and then click **Accept**.
5. Click the **Sign** button in the bottom-right corner.

The screenshot displays the Epic EMR interface for a patient named Aegae, Vito-BEH. The 'Orders' tab is selected, indicated by a red circle '1'. A search for 'TELEPSYCH' is performed, showing a list of order sets. The 'Consult for Telepsych Services Follow Up Consult' order set is highlighted with a red circle '3'. The order form for this set is open, showing fields for 'Process Instructions', 'Priority' (set to Routine), 'Reason For Consult', and 'Day(s) to Follow Up patient' (set to 2 Days), with a red circle '4' highlighting the follow-up period selection. In the bottom right corner, the 'Sign' button is highlighted with a red circle '5'. Other buttons like 'Accept', 'Cancel', 'Save Work', and 'Sign & Hold' are also visible.



Placing a Medication Order

1. Navigate to the **Orders** tab.
2. Enter desired medication in the **Place orders** field then hit enter.
3. Select desired medication on the **Order and Order Set** pop-up and click **Accept**.
4. When entering multiple orders, use **Select and Stay**.
5. Complete the required fields  and then click **Accept**.
6. Click the **Sign** button in the bottom-right corner.

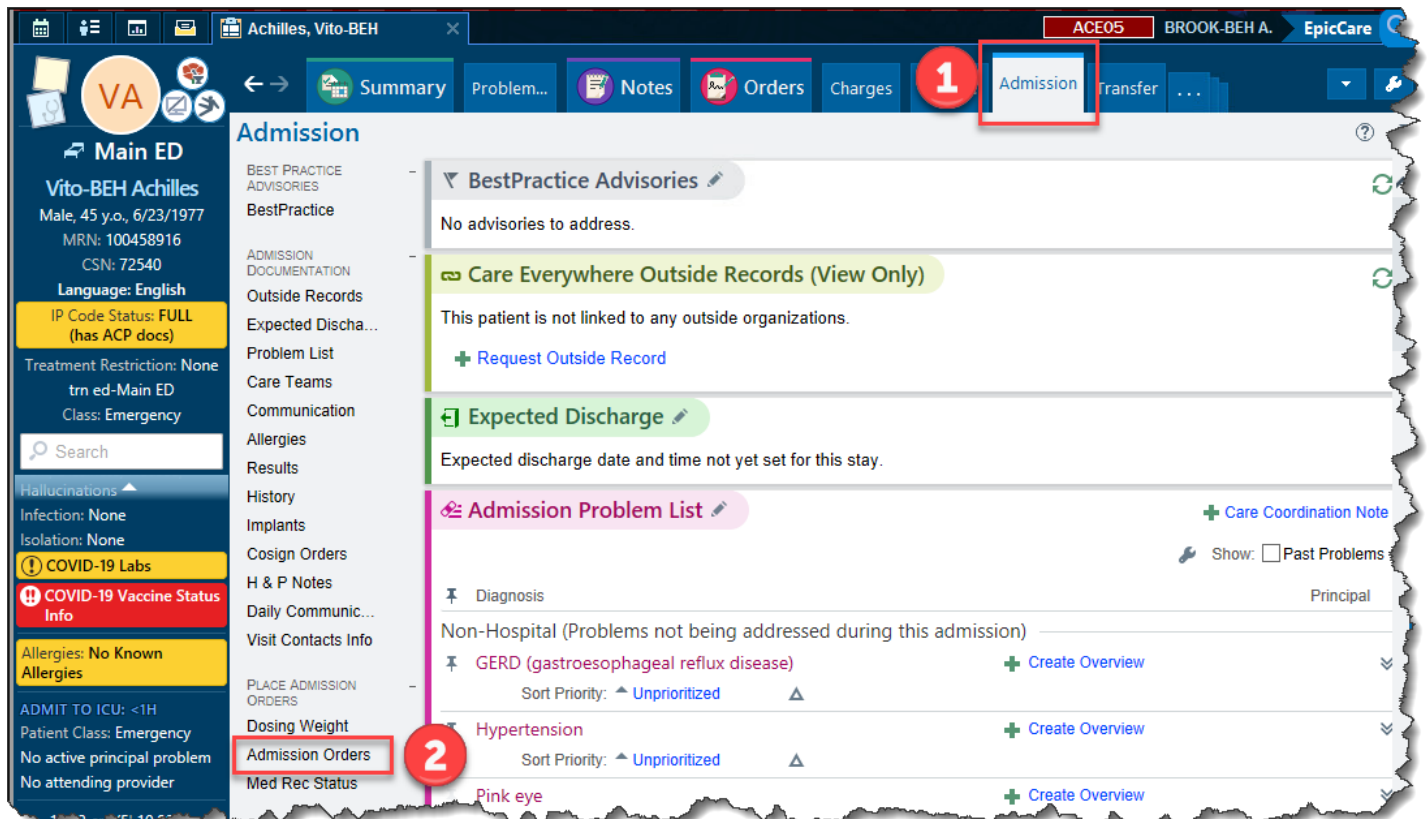
The screenshot displays the Epic EMR interface for a patient named Vito-BEH Aegae. The 'Orders' tab is active, and a search for 'celexa' has been performed. The search results show 'citalopram (CeleXA) tablet' as the selected medication. The 'Order and Order Set Search' window is open, showing the medication details and the 'Select And Stay' button. The 'Order Entry' form is also visible, showing the medication name, dose, route, and frequency. The 'Sign' button is highlighted in the bottom right corner.



Placing Admission Orders

Patients admitted to the Houston Methodist Medical Center location will be Main 7 North. It's the process of comparing a patient's current orders with the new orders you're writing, using the **Admission** navigator.

1. Navigate to the **Admission** navigator.
2. Click **Admission Orders**.





There are four steps involved in admission reconciliation. All sections are required.

1. **Reconcile Current Orders**
2. **Review PTA (Prior to Admission) Medications**
3. **Reconcile PTA Medications**
4. **Order Sets**

Reconcile Current Orders

This section is a review of current, active orders placed while in the ED. Items that need to be addressed are highlighted in yellow.

1. The provider can choose to continue, discontinue or modify each order.
2. The buttons `Mark Unreconciled CONTINUE` `Mark Unreconciled DISCONTINUE` will mark any order not individually addressed as either **Continue** or **Discontinue**.
3. Click **Next** when ready to advance.

Admission Orders Rec

1. Reconcile Current Orders 2. Review PTA Medications 3. Reconcile PTA Medications 4. Order Sets

View by: Order Type

Mark Unreconciled CONTINUE Mark Unreconciled DISCONTINUE Cancel Transfer Find Unreviewed

PRN Apply to Group

acetaminophen-codeine (TYLENOL WITH CODEINE #3) 300-30 mg per tablet 1 tablet
 1 tablet, oral, every 4 hours PRN, moderate pain, Starting on Fri 8/12/22 at 0719, Until Discontinued
 Maximum of 3 grams of acetaminophen per day from all sources. (Cirrhosis patients maximum: 2 grams per day from all sources).

Continue Discontinue Modify

Consult Apply to Group

Consult for Telepsych Services
 From (attending physician and phone number): Jim Urgent
 Reason For Consult: Admit to HMH 7 Main North

Continue Discontinue Modify

Next



Review PTA Medications

You're expected to review PTA medications, to assist with ordering or assess potential medication interactions. Once done:

1. Click the **Marked as Reviewed** button. If no data exists, still mark reviewed.
2. Current review status is displayed here. It details who was last to review the list with the patient.
3. Click **Next** to advance.

Admission Orders Rec

1. Reconcile Current Orders 2. **Review PTA Medications** 3. Reconcile PTA Medications 4. Order Sets

Review Prior to Admission Medications

Add Prior to Admission Med

Sort by:

[CLICK HERE to select the patient's preferred pharmacy](#)

Alphabetical	Last Dose	Time	Taking?
<p> calcium carbonate (TUMS) 500 MG chewable tablet</p> <p>Chew 1 tablet daily. Last Dose: 8/12/2022</p> <p><input type="button" value="Today"/> <input type="button" value="Yesterday"/> <input type="button" value="Past Week"/> <input type="button" value="Past Month"/> <input type="button" value="More Than A Month"/> <input type="button" value="Unknown"/> 8/12/2022 <input type="text" value="at Time"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
<p> hydrochlorothiazide (MICROZIDE) 12.5 MG capsule</p> <p>Take 12.5 mg by mouth every other day. Last Dose: 8/12/2022</p> <p>Note written 8/12/2022 1025: Not taking regularly because it sometimes causes upset stomach (Edit Note) (Remove Note)</p> <p><input type="button" value="Today"/> <input type="button" value="Yesterday"/> <input type="button" value="Past Week"/> <input type="button" value="Past Month"/> <input type="button" value="More Than A Month"/> <input type="button" value="Unknown"/> 8/12/2022 <input type="text" value="at Time"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			

Med List Status

Mark as Reviewed Last Reviewed by Urgent, Jim, MD on 8/12/2022 at 8:29 AM CDT [History](#)



Reconcile PTA Medications

This screen allows you to continue or discontinue home medications. Like in **Reconcile Current Orders**, you can address individually or by the unaddressed orders (yellow highlight). Click the **Next** button. *Can be skipped.

Admission Orders Rec ? ↗ ✕

1. Reconcile Current Orders 2. Review PTA Medications **3. Reconcile PTA Medications** 4. Order Sets 🔑 -

Med List Status: Provider Complete ▾ + Add Status Comment Find Unreviewed

View by: Reviewed ▾ Mark Unreconciled ORDER Mark Unreconciled DON'T ORDER

Orders Needing Review

<p> calcium carbonate (TUMS) 500 MG chewable tablet Chew 1 tablet daily. Last Dose: 8/12/2022</p>	Order Don't Order Replace Remove/No longer taking
<p> erythromycin (ROMYCIN) ophthalmic ointment nightly. Last Dose: 8/12/2022</p>	Order Don't Order Replace Remove/No longer taking
<p> hydrochlorothiazide (MICROZIDE) 12.5 MG capsule ⚠️ Take 12.5 mg by mouth every other day. Last Dose: 8/12/2022 Note written 8/12/2022 1025: Not taking regularly because it sometimes causes upset stomach (Edit Note) (Remove Note)</p>	Order Don't Order Replace Remove/No longer taking
<p> Naproxen Sodium (ALEVE) 220 MG capsule Take 220 mg by mouth every 8 (eight) hours as needed. Last Dose: 8/12/2022</p>	Order Don't Order Replace Remove/No longer taking



Order Sets

The final screen is where you'll select the **Psychiatric Admission** order set. The right sidebar contains the current orders, as selected by the previous three screens. Select **Order Sets** from this sidebar.

1. Type **Psychiatry Admission** in this box.
2. Select **Psychiatry Admission**.
3. Click **Accept**.

Note: You can save this order set to your favorites for faster reference.

The screenshot shows the 'Admission Orders Rec' interface. At the top, there are four steps: 1. Reconcile Current Orders, 2. Review PTA Medications, 3. Reconcile PTA Medications, and 4. Order Sets. The 'Order Sets and Pathways' section is active, showing a search for 'PSY ADM'. The search results list 'Psychiatry Admission' as an 'Order Set', which is highlighted with a red box and a '2' callout. Below the search results are sections for 'Medications' (No results found) and 'Procedures'. At the bottom of the search results, there are buttons for 'Select All', 'Accept', and 'Cancel', with a '3' callout over the 'Accept' button. On the right sidebar, the 'Order Sets' tab is selected, and a red box with a '1' callout highlights the 'Place transfer ord...' and '+ New' buttons. Below this, the 'Order' section shows details for 'calcium carbonate (TUMS) chewable tablet 500 mg of Calcium Carbonate' and the 'Continue' section shows 'Consult Psychiatry' details.



The following screenshots are the outline of the **Psychiatry Admission** order set.

1. Click the **Admit to Psychiatry Certification** selection. The **Admit to Psychiatry** order will appear.
2. Complete all hard stops. Continue through the order set and select or un-select orders (the admission order can be entered separately from the order set).
3. Some orders are pre-selected.

Note: **Admitting Physician** is the physician who accepted the patient to Main 7N.

Admission Orders Rec

1. Reconcile Current Orders 2. Review PTA Medications 3. Reconcile PTA Medications 4. Order Sets

Orders from Order Sets

Order Sets Clear All Orders

Psychiatry Admission Manage User Versions

General

Common Psychiatry Present on Admission Diagnosis Click for more

Status Orders (Outpatient, Observation, Admission)

Admit to psychiatry

Hard Stop

Diagnosis:

Admitting Physician:

Bed request comments:

Certification: I certify that based on my best clinical judgment and the patient's condition as documented in the HP and progress notes, I expect that the patient will need hospital services for two or more midnights.

Comments: [+ Add Comments](#)

Code Status

Code Status

DNR and Modified Code

Full code

DNR (Do Not Resuscitate)

Modified Code

Precautions

Suicide precaution Details

Nursing

Vital Signs

Vital Signs - T/P/R/BP Per Unit Protocol
Routine, Per unit protocol, starting today at 1102, Until Specified



▶ Vital Signs Click for more

- Vital signs - T/P/R/BP Per Unit Protocol
Routine, Per unit protocol, starting today at 1102, Until Specified

▶ Nursing Click for more

- Search all clothes and belongings
Routine, Once, First occurrence today at 1102
- Safety search
Routine, Per unit protocol, starting today at 1102, Until Specified
Perform a safety search and skin assessment per procedure

▼ Restrictions

- Restrict to unit
Routine, Continuous, starting today at 1102, Until Specified

▼ Diet

- Diet - Regular
Diet effective now, starting today at 1102, Until Specified
Diet(s): Regular
Other Options: Safety Tray

▼ Medications

- ▶ PRN Anxiety/Agitation** Click for more
- ▶ Bowel Care** Click for more
- ▶ Sleeping Aid: For Patients LESS than 70 years old** Click for more
- ▶ Nicotine Patch w/ Remove Patch** Click for more
- NICOTINE PATCH
 - nicotine (NICODERM CQ) 7 mg/24 hr
1 patch, transdermal, daily
 - nicotine (NICODERM CQ) 14 mg/24 hr
1 patch, transdermal, daily
 - nicotine (NICODERM CQ) 21 mg/24 hr
1 patch, transdermal, daily
 - nicotine (NICODERM CQ) 42 mg/24 hr
2 patch, transdermal, daily



VTE

VTE Risk Tool

- VTE/DVT Risk Definitions
- Anticoagulation Guide for COVID patients

Patient currently has an active order for therapeutic anticoagulant or VTE prophylaxis with Risk Stratification
 LOW Risk of DVT
 MODERATE Risk of DVT - Surgical
 MODERATE Risk of DVT - Non-Surgical
 HIGH Risk of DVT - Surgical
 HIGH Risk of DVT - Non-Surgical
 HIGH Risk of DVT - Surgical (Hip/Knee)

Labs

Laboratory Click for more

- Hemoglobin A1c
AM draw, First occurrence tomorrow at 0400
- Lipid panel
AM draw, First occurrence tomorrow at 0400
- HIV 1/2 antigen/antibody, fourth generation, with reflexes
AM draw, First occurrence tomorrow at 0400
! Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.); Manual release Reason for preventing immediate release: Deferred in the event face-to-face counseling session required
- Syphilis treponema screen with RPR confirmation (reverse algorithm)
AM draw, First occurrence tomorrow at 0400
Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.); Immediate
- hCG qualitative, serum screen
AM draw, First occurrence tomorrow at 0400
Release to patient (Note: If manual release option is selected, result will auto release 10 days from finalization.); Immediate

Low Risk Definition	Moderate Risk Definition Pharmacologic prophylaxis must be addressed. Mechanical prophylaxis is optional unless pharmacologic is contraindicated.	High Risk Definition Both pharmacologic AND mechanical prophylaxis must be addressed.
Age less than 60 years and NO other VTE risk factors	One or more of the following medical conditions :	One or more of the following medical conditions :
	CHF, MI, lung disease, pneumonia, active inflammation, dehydration, varicose veins, cancer, sepsis, obesity, previous stroke, rheumatologic disease, sickle cell disease, leg swelling, ulcers, venous stasis and nephrotic syndrome	Thrombophilia (Factor V Leiden, prothrombin variant mutations, anticardiolipin antibody syndrome; antithrombin, protein C or protein S deficiency; hyperhomocysteinemia; myeloproliferative disorders)
	Age 60 and above	Severe fracture of hip, pelvis or leg
	Central line	Acute spinal cord injury with paresis
	History of DVT or family history of VTE	Multiple major traumas
	Anticipated length of stay GREATER than 48 hours	Abdominal or pelvic surgery for CANCER
	Less than fully and independently ambulatory	Acute ischemic stroke
	Estrogen therapy	History of PE
	Moderate or major surgery (not for cancer)	
	Major surgery within 3 months of admission	



If you forget an order for admission, you can return to the **Admission** tab and place orders in the right sidebar. This will ensure it's for admission and not the patient's current unit.

Complete the admission orders by clicking **Sign & Hold – Will be Initiated by Receiving Unit**.

The screenshot displays the 'Admission Orders Rec' interface. The left pane shows a list of orders with checkboxes, including 'hCG qualitative, serum screen' and 'Consult to Social Work'. The right pane shows a detailed view of a 'Consult to Social Work' order with a 'Sign & Hold - Will Be Initiated by Receiving Unit' button highlighted in a red box. A 'Place transfer ord...' button is also highlighted in a red box.

If orders are needed after the patient has been admitted, follow the steps outlined in the **Placing an Order** section of this guide.