RESOURCE AND PATIENT MANAGEMENT SYSTEM

Emergency Room System

(AMER)

Addendum to User Manual

Version 3.0 Patch 6
June 2015

Office of Information Technology (OIT)
Division of Information Technology

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Preface

The functionality outlined in the Emergency Room System Version 3.0 Patch 6 Addendum to the User Manual includes updates to the Emergency Room System (ERS) relating primarily to the incorporation of ICD-10 terminology into AMER as well as some changes to better integrate ERS with the Electronic Health Record (EHR), Emergency Department Dashboard (EDD) and Patient Care Component (PCC) applications.

1.0 Introduction

Please review these changes and add a copy of them to any printed documentation your site may be using for Emergency Room System (ERS) v3.0. These changes will be integrated into future versions of the software and user manuals, and will no longer be considered an addendum at the time of the next release.

Patch 6 of ERS v3.0 addresses changes to data displays, the incorporation of the ICD-10 terminology codeset, and better syncing of ERS data with EHR, EDD, and PCC.

2.0 AMER Option Changes

Some of the AMER options have been modified with the release of Patch 6. The updated options are documented as follows:

2.1 Triage Nurse Update Admission Record (TRI)

This section replaces the "Triage Nurse Update Admission Record (TRI)" section (4.0) of Version 3.0 of the Emergency Room System User Manual.

The **Triage Nurse Update Admission Record** menu option enables the triage nurse to edit the ER admission record before the transaction is processed. This option captures the time the patient was seen by the triage nurse, the initial acuity of the patient, and the decision to admit time.

> **Note**: The options that appear on the ERS main menu depend on your security key. Please contact your site administrator to determine or change your security keys.

To update the Admission Record, follow these steps:

1. At the "Select Emergency Room System Option" prompt, type **TRI**. The system displays a list of all patients currently admitted to the emergency room (ER).
2. At the "Select ER Patient" prompt, type the number that matches the patient for whom you are adding triage information.
3. At the "Clinic Type" prompt, type **EMERGENCY MEDICINE** or **URGENT**.
4. At the "Triage Nurse" prompt, type the name of the triage nurse. Type two question marks (**??**) to view a list of users.
5. At the "Enter initial triage assessment from RN" prompt, type the number that matches the initial triage assessment from the triage nurse.
6. At the "What time did the patient see the triage nurse" prompt, type the date and time the patient saw the triage nurse. If the time was several hours after the time of admission, the system asks you to confirm the time.
7. At the "Enter the decision to admit date/time" prompt, type the date and time the decision was made to admit the patient.

Figure 2-1 shows a sample display of the Triage Nurse Update Admission Record process.

```
Select Emergency Room System Option: TRI  Triage Nurse Update Admission Record
The following patients are currently admitted to the ER =>
```

```
   NAME           DOB          CHART    ADMISSION          PRESENTING COMPLAINT

1) DEMO,ALISTER   MAY 20,1980  124625   JUN 9,2015@08:12   DIABETES COMPLICATION
2) TEST,AMY       DEC 23,1934  679458   JUN 9,2015@02:00   ASTHMA ATTACK
3) TEST,CARL      NOV 29,1934  147136   JUN 9,2015@04:00   COMMON COLD
4) TEST,JASON     SEP 9,1999   113388   JUN 9,2015@01:15   NAUSEA AND HEADACHE
5) TEST,JIM       APR 27,1976  246875   JUN 9,2015@02:00   DIABETES COMPLICATION

Would you like to sort by ADMISSION time? N// O

Select ER patient:  5  TEST,JIM
  TEST,JIM                             M 04-27-1976 XXX-XX-5246   TST 246875

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ER ADMISSION FOR TEST,JIM    ^ = back up    ^^ = quit
Questions preceded by a '*' are MANDATORY.  Enter '??' to see choices.
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Clinic type (EMERGENCY or URGENT): EMERGENCY MEDICINE//        30

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*Triage nurse: FORM,JACK P       JP          CLINICAL NURSE

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*Enter initial triage assessment from RN:  (1-5): // 2

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*What time did the patient see the triage nurse:  T@0230  (JUN 09, 2015@02:30)

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Enter the decision to admit date/time: T@0400  (JUN 09, 2015@04:00)

Summary of this ER data entry session for JIM TEST =>
                  ---  ADMISSION SUMMARY  ---
Patient: TEST,JIM                      Arrival time: JUN 9,2015@02:00
Presenting Complaint: DIABETES COMPLICATIONS
Visit type: UNSCHEDULED                Transferred from:
Transport to ER: PRIVATE VEHICLE/WALK IN
Ambulance ID:                          Ambulance billing #:
Ambulance company:                     Clinic type: EMERGENCY MEDICINE
ED Provider:                           Triage nurse: FORM,JACK P
Initial triage category: 2
Seen by triage nurse at: JUN 9,2015@02:30
Medical Screening Exam Time:           Decision to admit at: JUN 9,2015@04:00
```

Figure 2-1: Sample display of the Triage Nurse Update Admission Record process

2.2 Discharge from Emergency Room (OUT)

This section replaces the "Discharge from Emergency Room (OUT)" section (6.0) of Version 3.0 of the Emergency Room System User Manual.

Use the **Discharge from Emergency Room** menu option to discharge a patient from the Emergency Room. This is a data collection session for patients who are discharged from the ER. The information collected is stored in the ER VISIT file as well as in the PCC V POV file. At the end of the OUT process, specific data is also synched with additional PCC files.

In addition, this option enables you to print patient instructions, create a visit, and delete a patient from the ER Admission file.

> **Note**: The options that appear on the ERS main menu depend on your security key. Please contact your site administrator to determine or change your security keys.

To discharge a patient from the ER, follow these steps:

1. At the "Select Emergency Room System Option" prompt, type **OUT**. The system lists all patients currently admitted to the ER.

> **Note**: You must answer all questions marked with an asterisk (*) as they are REQUIRED.

2. At the "Select ER Patient" prompt, type the number that matches the patient you are discharging.
3. At the "*Clinic type" prompt, type **EMERGENCY MEDICINE** or **URGENT**.
4. At the "ED Provider" prompt, type the name of the ED provider. Type two question marks (**??**) to see a list of users to choose from.
5. At the "*Triage Nurse" prompt, type the name of the triage nurse. If the name was entered during the triage session, it is displayed at this prompt. Type two question marks (**??**) to see a list of users to choose from.
6. At the "*Enter initial triage assessment from RN" prompt, type the number that matches the initial triage assessment of the triage nurse. If information was entered during the triage session, it is displayed at this prompt.
7. At the "*What time did the patient see the triage nurse" prompt, type the date and time the triage nurse saw the patient. If the information was entered during the triage session, it is displayed at this prompt.
8. At the "What was the ED Provider Medical Screening Exam Time" prompt, type the date and time the ED Provider saw the patient.
9. At the "Enter the decision to admit date/time" prompt, type the date and time the decision was made to admit the patient. If the information was entered during the triage session, it is displayed at this prompt.

Figure 2-2 shows a sample display of these prompts.

```
The following patients are currently admitted to the ER =>



   NAME           DOB          CHART    ADMISSION          PRESENTING COMPLAINT

1) DEMO,ALISTER   MAY 20,1980  124625   JUN 9,2015@08:12   DIABETES COMPLICATION
2) DEMO,ASHLEY    FEB 27,1990  114649   JUN 9,2015@04:00   HEADACHE AND DIZZINES
3) DEMO,FERN      JAN 1,1960   142601   JUN 9,2015@02:00   HEADACHE AND PAIN FRO
4) TEST,AMY       DEC 23,1934  679458   JUN 9,2015@02:00   ASTHMA ATTACK
5) TEST,CARL      NOV 29,1934  147136   JUN 9,2015@04:00   COMMON COLD
6) TEST,DONNA     FEB 28,1930  13976    JUN 8,2015@21:00   HEADACHE
7) TEST,GEORGE    OCT 22,1947  246872   JUN 9,2015@01:00   HEADACHES AND JOINT P

Would you like to sort by ADMISSION time? N// O

Select ER patient:  2  DEMO,ASHLEY
  DEMO,ASHLEY                          M 02-27-1990 XXX-XX-5631   TST 114649

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ER ADMISSION FOR DEMO,ASHLEY    ^ = back up    ^^ = quit
Questions preceded by a '*' are MANDATORY.  Enter '??' to see choices.
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*Clinic type (EMERGENCY or URGENT): EMERGENCY MEDICINE//        30

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ED Provider: HACHEM,PETER C MD       HAC          EMERGENCY PHYSICIAN

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*Triage nurse: FORM,JACK P//        JP          CLINICAL NURSE

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*Enter initial triage assessment from RN:  (1-5): 2//

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*What time did the patient see the triage nurse:  JUN 9,2015@04:30//   (JUN 09,
2015@04:30)

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*What was the ED Provider Medical Screening Exam Time:  T@0500  (JUN 09, 2015@05:00)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Enter the decision to admit date/time:  JUN 09, 2015@05:00//   (JUN 09, 2015@05:00)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
```

Figure 2-2: Sample AMER OUT Prompts - First Section

10. At the “*Was This ER Visit Caused by an Injury?” prompt, do one of the following:

- Type **Y** (Yes) and press Enter. Then go to step 11.
- Type **N** (No) and press Enter. Then go to step 17.

11. (Optional – Injury Only) At the "Town/Village Where Injury Occurred" prompt, type the town where the injury occurred.

12. (Optional – Injury Only) At the "Enter the exact time and date of Injury" prompt, type the date and time the Injury Occurred.

13. (Optional – Injury Only) At the "*Cause of Injury" prompt, type the cause of the injury. A Lexicon lookup will be performed based on the search text. Select the most appropriate response from the list that gets returned.

14. (Optional – Injury Only) At the "Setting of accident/injury" prompt, select the appropriate injury setting. Type two question marks (**??**) to see a list of allowable responses.

15. (Optional – Injury Only) At the "Safety equipment used" prompt, select the appropriate equipment used during the injury. Type two question marks (**??**) to see a list of allowable responses.

16. (Optional – Injury Only) At the "Was this ER visit WORK-RELATED?" prompt, type **YES** or **NO** to indicate if the injury was work related.

Figure 2-3 shows a sample display of the injury related fields.

```
*Was this ER visit caused by an injury? NO// YES
Town/village where injury occurred: // INJURY TOWN
Enter the exact time and date of injury:  AUTOMOBILE ACCIDENT ??

Enter a time and date in the usual FileMan format (e.g., 1/3/90@1PM).

Enter the exact time and date of injury:  T@0100  (JUN 09, 2015@01:00)
*Cause of injury: TRAFFIC ACCIDENT


1   V86.02XS  Driver of snowmobile injured in traffic accident, sequela
2   V86.03XS  Driver of dune buggy injured in traffic accident, sequela
3   V09.3XXS  Pedestrian injured in unspecified traffic accident, sequela
4   V86.12XS  Passenger of snowmobile injured in traffic accident, sequela
5   V86.13XS  Passenger of dune buggy injured in traffic accident, sequela
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1
Setting of accident/injury: HIGHWAY OR ROAD
Safety equipment used: HELMET

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Was this ER visit WORK-RELATED? NO//

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
```

Figure 2-3: Sample Injury Related Prompts

17. At the "Was an ER Consultant notified?" prompt, Type **YES** or **NO**.

18. If "YES" is entered, the system displays additional prompts as shown in Figure 2-4. Respond to those prompts as appropriate.

```
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*CONSULTANT SERVICE: INTERNAL MEDICINE
*What time did the patient see this CONSULTANT:  T@0530  (JUN 09, 2015@05:30)
*CONSULTANT NAME: ADAMS
     1   ADAMS,ASHLEY M RN       ADA
     2   ADAMS,MATTHEW F       ADA          PHYSICIAN
     3   ADAMS,MICHAEL R       ADA          PHARMACIST
     4   ADAMS,NORA       ADA          PHYSICIAN
     5   ADAMS,SAMUEL L MD       ADA
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 2  ADAMS,MATTHEW F     ADA          PHYSICIAN
*Was another CONSULTANT notified? NO//

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```

Figure 2-4: Sample Consultant Entry

19. At the "Enter Procedure" prompt, type the procedure the patient had. Type two question marks (**??**) to display a list of available procedures or press Enter to accept the default, NONE. If a procedure was entered, at the "Enter Another Procedure" prompt, type another procedure, or press Enter if there are no other procedures.

20. The Purpose of Visit section will now be displayed. If information has already been entered elsewhere (through the Emergency Department Dashboard, EHR, or PCC components), that information will be displayed. If not, a purpose of visit is required to complete the discharge and must be entered. Users will be presented with multiple prompts. They may enter more than one purpose of visit if they would like. If the visit has been marked as injury related and there are more than one purpose of visit entries on file, the user will also be prompted to select which purpose of visit the injury pertains to. Figure 2-5 shows a basic purpose of visit entry using the OUT option.

```
*Enter Purpose of Visit Information
   Enter ZZZ.999 to log an uncoded diagnosis
Enter PURPOSE OF VISIT: ZZZ.999

  PRESENT ON ADMISSION?: Y  YES
  PRIMARY/SECONDARY: P  PRIMARY
  PROVIDER NARRATIVE: HEADACHE AND DIZZINESS
  CAUSE OF DX:
  ENCOUNTER PROVIDER:
Enter PURPOSE OF VISIT:
```

Figure 2-5: Sample Purpose of Visit Entry

21. At the “Enter Final Acuity Assessment from Provider” prompt, type the number of the patient’s final acuity assessment.

22. At the “Disposition” prompt, type the patient’s disposition. Type two question marks (**??**) to display a list of available dispositions.

23. At the “Follow up instructions” prompt, select the appropriate response from the displayed list.

24. At the “*(PRIMARY) Provider who signed PCC form” prompt, enter the discharge provider. Type two question marks (**??**) to see a list of users to choose from.

25. At the “*Discharge nurse” prompt, enter the discharge nurse. Type two question marks (**??**) to see a list of users to choose from.

26. At the “*What time did the patient depart from the ER” prompt, enter the patient’s discharge date and time.

Figure 2-6 shows the remaining discharge prompts and the final discharge summary.

```
*Enter final acuity assessment from provider:  (1-5): // 2

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Disposition: HOME

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


     Select one of the following:

          1         RTC PRN, INSTRUCTIONS GIVEN
          2         APPT AND INSTRUCTIONS GIVEN
          3         REF MADE, INSTRUCTIONS GIVEN
          4         NONE GIVEN

Follow up instructions: RTC PRN, INSTRUCTIONS GIVEN//

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*(PRIMARY)Provider who signed PCC form: HACHEM,PETER C MD//        HAC
EMERGENCY PHYSICIAN

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*Discharge nurse: FORM,JACK P       JP          CLINICAL NURSE

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*What time did the patient depart from the ER:  NOW// T@1100  (JUN 09, 2015@11:0
0)

This means a really long delay since the time of admission: JUN 9,2015@04:00
Are you sure? No// Y  (Yes)
Summary of this ER data entry session for ASHLEY DEMO =>
```

```
                    ---  ADMISSION SUMMARY  ---
Patient: DEMO,ASHLEY                    Arrival time: JUN 9,2015@04:00
Presenting Complaint: HEADACHE AND DIZZINESS
Visit type: UNSCHEDULED                 Transferred from:
Transport to ER: PRIVATE VEHICLE/WALK IN
Ambulance ID:                           Ambulance billing #:
Ambulance company:                      Clinic type: EMERGENCY MEDICINE
ED Provider: HACHEM,PETER C MD          Triage nurse: FORM,JACK P
Initial triage category: 2
Seen by triage nurse at: JUN 9,2015@04:30
Medical Screening Exam Time: JUN 9,2015@05:00
Decision to admit at: JUN 9,2015@05:00
                    ---  CAUSE OF VISIT  ---
Occupation related: NO
                    ---  INJURY INFORMATION  ---
Injury related visit: YES               Location: INJURY TOWN
Time of injury: JUN 9,2015@01:00
Cause of injury: V86.02XS - Driver of snowmobile injured in traffic accident, se
quela
Setting: HIGHWAY OR ROAD                Safety equipment: HELMET
                    ---  ER PROCEDURES  ---
Procedures: NONE
                    ---  ER CONSULTANT  ---

1
: INTERNAL MEDICINE @ JUN 9,2015@05:30  ADAMS,MATTHEW F
                    ---  EXIT ASSESSMENT  ---
Diagnoses:                              Discharge acuity: 2
                    ---  DISPOSITION  ---
Disposition: HOME                       Transfer to:
                    ---  DISCHARGE INFO  ---
Provider who signed PCC form: HACHEM,PETER C MD
Discharge nurse: FORM,JACK P            Departure time: JUN 9,2015@11:00
                    ---  FOLLOW UP INSTRUCTIONS  ---
Discharge instructions: RTC PRN, INSTRUCTIONS GIVEN


*Do you want to make any changes? No//   (No)
Do you want to print patient instructions? No//   (No)

   ** PRIMARY V PROVIDER ADDED TO PCC VISIT **

   ** SECONDARY CONSULTANT V PROVIDER ADDED TO PCC VISIT **

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```

Figure 2-6: Remaining Discharge Prompts and Discharge Summary

2.3 Batch Mode ER Admission/Discharge (BAT)

This section replaces the "Batch Mode ER Admission/Discharge (BAT)" section (5.0) of Version 3.0 of the Emergency Room System User Manual.

The **Batch Mode ER Admission/Discharge** menu option enables you to enter admission, triage, and discharge information all in one step.

> **Note**: This option is available only to those users who have the appropriate security key.

To use the Batch Mode option, follow these steps:

1. At the "Select Emergency Room System Option" prompt, type **BAT**.
2. At the "Enter the patient's Name or Local Chart Number" prompt, type the patient's name or chart number.

   The series of prompts displayed next are all explained in the "Admit to Emergency Room (IN)" section (3.0) of the original *Emergency Room System v3.0 User Guide* and the "Triage Nurse Update Admission Record (TRI)" and "Discharge from Emergency Room (OUT)" sections of this document.

   At the end of the BAT process, the system displays a summary of the input and asks if you want to make any changes. After prompts for printing PCC forms, labels, and routing slip, ERS adds specific visit data to PCC V POV and V PROVIDER files.

   The following example (Figure 2-7) displays the prompts and responses for the BAT option.

```
ER SYSTEM Ver 3.0: ADMISSION TO EMERGENCY ROOM      ^ = back up     ^^ = quit
Questions preceded by a '*' are MANDATORY.  Enter '??' to see choices.

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Enter the patient's NAME or LOCAL CHART NUMBER: AUDITING
,PATIENT ONE
                                        F 01-01-1980 XXX-XX-4354   TST 343456

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Date and time of admission to ER:  // N  (JUN 10, 2015@07:15)
No Pending Appointments

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Presenting complaint: HEADACHE AND DIZZINESS

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   ********************************************************************
     Date of Last Registration Update: SEP 18, 2013

     Additional Registration Information:
   ********************************************************************

Want to Edit this Registration Record? NO//

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
```

```
*Visit type: UNSCHEDULED//

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Was this patient transferred from another facility? NO//

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Mode of transport to the ER: PRIVATE VEHICLE/WALK IN//
Enter number of labels to print:  (0-50): 4// 0
Do you want to PRINT a routing slip? YES// NO
Setting data for Dashboard...

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*Clinic type (EMERGENCY or URGENT): EMERGENCY MEDICINE//        30

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

ED Provider: HACHEM,PETER C MD       HAC          EMERGENCY PHYSICIAN

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*Triage nurse: FORM,JACK P       JP          CLINICAL NURSE

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Enter initial triage assessment from RN:  (1-5): // 2

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*What time did the patient see the triage nurse:  N  (JUN 10, 2015@07:15)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*What was the ED Provider Medical Screening Exam Time:  N  (JUN 10, 2015@07:15)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Enter the decision to admit date/time:  N  (JUN 10, 2015@07:15)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Was this ER visit caused by an injury? NO// YES
Town/village where injury occurred: // INJURY VILLAGE
Enter the exact time and date of injury:  T@0100  (JUN 10, 2015@01:00)
*Cause of injury: ELECTROCUTION


1   X83.1XXS  Intentional self-harm by electrocution, sequela
2   X83.1XXA  Intentional self-harm by electrocution, initial encounter
3   X83.1XXD  Intentional self-harm by electrocution, subsequent encounter
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-3: 2
Setting of accident/injury: HIGHWAY OR ROAD
Safety equipment used: NO SAFETY DEVICE

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*Was this ER visit WORK-RELATED? NO//
```

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~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Was an ER CONSULTANT notified? NO//

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Enter procedure: NONE//

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


*Enter Purpose of Visit Information
   Enter ZZZ.999 to log an uncoded diagnosis
Enter PURPOSE OF VISIT: ZZZ.999

  PRESENT ON ADMISSION?: Y  YES
  PRIMARY/SECONDARY: P  PRIMARY
  PROVIDER NARRATIVE: STEPPED ON DOWNED POWER LINE ON ROAD
  CAUSE OF DX:
  ENCOUNTER PROVIDER:
Enter PURPOSE OF VISIT:

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Enter final acuity assessment from provider:  (1-5): // 2

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Disposition: HOME

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~


     Select one of the following:

          1         RTC PRN, INSTRUCTIONS GIVEN
          2         APPT AND INSTRUCTIONS GIVEN
          3         REF MADE, INSTRUCTIONS GIVEN
          4         NONE GIVEN

Follow up instructions: RTC PRN, INSTRUCTIONS GIVEN//

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*(PRIMARY)Provider who signed PCC form: HACHEM,PETER C MD//        HAC
EMERGENCY PHYSICIAN

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

*Discharge nurse: FORM,J
     1   FORM,JACK P       JP          CLINICAL NURSE
     2   FORM,JILL P       JF          PHYSICIAN
CHOOSE 1-2: 1  FORM,JACK P     JP          CLINICAL NURSE

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Summary of this ER data entry session for PATIENT ONE AUDITING =>
                    ---  ADMISSION SUMMARY  ---
Patient: AUDITING,PATIENT ONE          Arrival time: JUN 10,2015@07:15
Presenting Complaint: HEADACHE AND DIZZINESS
Visit type: UNSCHEDULED                Transferred from:
```

```
Transport to ER: PRIVATE VEHICLE/WALK IN
Ambulance ID:                          Ambulance billing #:
Ambulance company:                     Clinic type: EMERGENCY MEDICINE
ED Provider: HACHEM,PETER C MD         Triage nurse: FORM,JACK P
Initial triage category: 2
Seen by triage nurse at: JUN 10,2015@07:15
Medical Screening Exam Time: JUN 10,2015@07:15
Decision to admit at: JUN 10,2015@07:15
                    ---  CAUSE OF VISIT  ---
Occupation related: NO
                    ---  INJURY INFORMATION  ---
Injury related visit: YES              Location: INJURY VILLAGE
Time of injury: JUN 10,2015@01:00
Cause of injury: X83.1XXA - Intentional self-harm by electrocution, initial enco
unter
Setting: HIGHWAY OR ROAD               Safety equipment: NO SAFETY DEVICE
                    ---  ER PROCEDURES  ---
Procedures: NONE
                    ---  ER CONSULTANT  ---

1
:
                    ---  EXIT ASSESSMENT  ---
Diagnoses:                             Discharge acuity: 2
                    ---  DISPOSITION  ---
Disposition: HOME                      Transfer to:
                    ---  DISCHARGE INFO  ---
Provider who signed PCC form: HACHEM,PETER C MD
Discharge nurse: FORM,JACK P           Departure time: JUN 10,2015@07:17
                    ---  FOLLOW UP INSTRUCTIONS  ---
Discharge instructions: RTC PRN, INSTRUCTIONS GIVEN


*Do you want to make any changes? No//   (No)

   ** PRIMARY V PROVIDER ADDED TO PCC VISIT **

   ** SECONDARY V PROVIDER ADDED TO PCC VISIT **

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```

Figure 2-7: Sample BAT Option Capture

2.4 Edit ER VISITs Option Changes

The “Edit ER VISITs” has been modified with the release of AMER Patch 6. The following sections explain the changes.

2.4.1 Editing the Triage Information (2)

This section replaces the “Editing the Triage Info (2)” section (13.4) of Version 3.0 of the Emergency Room System User Manual.

The **Triage Info (2)** option enables you to edit the triage information of an ER visit. The actual process can vary, depending on the patient record and your responses to the prompts.

Remember: If you change any admission summary information, the system prompts for a Primary Reason for Change code. You must enter one of the codes. You can also add an explanation at the "Comment" prompt.

To edit Triage Information, follow these steps:

1. Select a visit date and patient, as described in Section 13.1 of Version 3.0 of the *Emergency Room System User Manual*, "Selecting Visit and Patient to edit."
2. At the "Enter Number of Section to Edit" prompt, Type **2**.
3. At the "*ED Provider" prompt, press Enter to leave the ED Provider's name unchanged, or type the correct name. If you changed the name of the ED Provider, the system displays the information and prompts for a reason for the change and allows a comment to be entered.
4. At the "*What was the ED Provider Medical Screening Exam Time" prompt, press Enter to leave the date and time unchanged, or type the correct date and time. If you changed the date and time, the system displays the information and prompts for a reason for the change and allows a comment to be entered.
5. At the "*Triage nurse" prompt, press Enter to leave the Triage Nurse unchanged, or type the correct name. If you changed the name of the Triage Nurse, the system displays the information and prompts for a reason for the change and allows a comment to be entered.
6. At the "*What time did the patient see the triage nurse" prompt, press Enter to leave the date and time unchanged, or type the correct date and time. If you changed the date and time, the system displays the information and prompts for a reason for the change and allows a comment to be entered.
7. At the "Enter the decision to admit date/time" prompt, press Enter to leave the date and time unchanged, or type the correct date and time. If you changed the date and time, the system displays the information and prompts for a reason for the change and allows a comment to be entered.

Figure 2-8 displays a sample edit of the triage information for a visit.

```
                ****************************************
                 *            Editing Interface         *
                 *          Indian Health Service       *
                 *              Version 3.0             *
                 ****************************************
                              2013 DEMO HOSPITAL

Start with date:  JUN 10,2015//
Enter name, DOB or chart number: AUDITING
,PATIENT ONE
                                      F 01-01-1980 XXX-XX-4354   TST 343456  6
-10-2015@07:15:00     AUDITING,PATIENT ONE
DEVICE: HOME//   Virtual
```

```
ADMISSION TIMESTAMP:  JUN 10,2015  07:15
  PATIENT: AUDITING,PATIENT ONE     PCC VISIT:     JUN 10,2015  07:15
  DOB:     JAN  1,1980              AGE AT VISIT:    35
  CHART #: 343456                   GENDER:        FEMALE
MODE OF TRANSPORT: PRIVATE VEHICLE/WALK IN
  AMBULANCE CO:
  AMBULANCE #:                      AMB INVOICE #:
PRESENTING COMPLAINT: HEADACHE AND DIZZINESS
  OCCUPATION RELATED: NO            INJURED: YES
    CAUSE OF INJURY: X83.1XXA       SCENE OF INJURY: HIGHWAY OR ROAD
    TIME OF INJURY:  JUN 10,2015  01:00
    SAFETY EQUIPMENT: NO SAFETY DEVICE
    TOWN OF INJURY: INJURY VILLAGE
  EXACT MVC LOCATION:
PROCEDURES:
  NONE
PRIMARY DIAGNOSIS:  ZZZ.999  {Uncoded diagnosis}
  PRIMARY DX NARRATIVE: STEPPED ON DOWNED POWER LINE ON ROAD
DIAGNOSIS:                          DX NARRATIVE:
  ZZZ.999  {Uncoded diagnosis}      STEPPED ON DOWNED POWER LINE ON
                                    ROAD
ED PROVIDER:           HACHEM,PETER C MD
  MEDICAL SCREENING EXAM TIME:
                         JUN 10,2015  07:15
TRIAGE NURSE: FORM,JACK P
  TRIAGE TIME:           JUN 10,2015  07:15
  DECISION TO ADMIT TIME:  JUN 10,2015  07:16
INITIAL ACUITY:  2               FINAL ACUITY:  2
DISPOSITION: HOME
  TRANSFERED TO:
DEPARTURE TIME: JUN 10,2015  07:17
  DISCHARGE (PRIMARY) PROVIDER: HACHEM,PETER C MD
  DISCHARGE NURSE: FORM,JACK P
DISCHARGE INSTRUCTIONS: RTC PRN, INSTRUCTIONS GIVEN
ER CONSULTANTS:
TOTAL VISIT DURATION:            2
  WAITING TIME FOR TRIAGE  :     0
  WAITING TIME FOR PROVIDER:    0
  DATA ENTERER: EVERETT,BRIAN

Do you want to EDIT this ER VISIT? YES//

     Select one of the following:

          1         ADMISSION SUMMARY
          2         TRIAGE INFO
          3         INJURY INFO
          4         PROCEDURES
          5         DIAGNOSES (OPTION DISABLED)
          6         EXIT ASSESSMENT
          7         DISCHARGE INFO
          8         FOLLOW UP INSTRUCTIONS
          9         ER CONSULTANTS
          10        ALL

ENTER NUMBER OF SECTION TO EDIT  (OR '<return>' TO QUIT): 2  TRIAGE INFO

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
*ED Provider: HACHEM,PETER C MD// ADAMS,MATTHEW F       ADA          PHYSICIAN
```

```
EDIT DATE: JUN 10, 2015

EDIT TIME: 07:49:56

FIELD NAME BEING EDITED: INITIAL ED PROVIDER

OLD VALUE: HACHEM,PETER C MD

NEW VALUE: ADAMS,MATTHEW F

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM//   Administrative
Comment: SWITCHED DOCTORS
*What was the ED Provider Medical Screening Exam Time:  JUN 10,2015@07:15// T@0716
  (JUN 10, 2015@07:16)

EDIT DATE: JUN 10, 2015

EDIT TIME: 07:50:26

FIELD NAME BEING EDITED: INITIAL ED PROVIDER TIME

OLD VALUE: JUN 10, 2015@07:15

NEW VALUE: JUN 10, 2015@07:16

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM//   Administrative
Comment: Time change
*Triage nurse: FORM,JACK P// ADAMS,THOMAS LIANG       ADA          REGISTERED NU
RSE

EDIT DATE: JUN 10, 2015

EDIT TIME: 07:50:46

FIELD NAME BEING EDITED: TRIAGE NURSE

OLD VALUE: FORM,JACK P

NEW VALUE: ADAMS,THOMAS LIANG

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
```

```
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM// DE  Data entry error
Comment: SELECTED WRONG NURSE
*What time did the patient see the triage nurse:  JUN 10,2015@07:15// T@0716  (J
UN 10, 2015@07:16)

EDIT DATE: JUN 10, 2015

EDIT TIME: 07:51:03

FIELD NAME BEING EDITED: TRIAGE TIME

OLD VALUE: JUN 10, 2015@07:15

NEW VALUE: JUN 10, 2015@07:16

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM// DE  Data entry error
Comment: CLOCK WAS WRONG
Enter the decision to admit date/time:  JUN 10, 2015@07:16// T@0717  (JUN 10, 20
15@07:17)

EDIT DATE: JUN 10, 2015

EDIT TIME: 07:51:18

FIELD NAME BEING EDITED: DECISION TO ADMIT DT

OLD VALUE: JUN 10, 2015@07:16

NEW VALUE: JUN 10, 2015@07:17

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM// DE  Data entry error
Comment: CLOCK WAS WRONG

ERS PCC Data Entry is complete for this option
Edit more TRIAGE data? NO//
```

Figure 2-8: Sample Edit of Visit Triage Information

2.4.2 Injury Info (3)

The **Injury Info (3)** option enables you to edit the injury information of an ER visit. The actual process can vary, depending on the patient record and your responses to the prompts.

> Be aware that changing the patient's name can also change the chart number, age, and other fields, which then creates a new PCC visit. The original information stays in the database until it is marked deleted.

Remember: If you change any admission summary information, the system prompts for a Primary Reason for Change code. You must enter one of the codes. You can also add an explanation at the "Comment" prompt.

To edit information about a patient's injury, follow these steps:

1. Select a visit date and patient, as described in Section 13.1 of Version 3.0 of the *Emergency Room System User Manual*, "Selecting Visit and Patient to edit."
2. At the "Enter Number of Section to Edit" prompt, Type **3**.

The system displays the following warning:

> **Changing CAUSED BY INJURY can cause injury data to be deleted**

3. At the "Was this ER visit caused by an injury?" prompt, press Enter to accept the default, and go to the next step, or Type **N** or **Y** to change the cause for the visit.

   If you change the response, you will be prompted to enter the appropriate reason for the change and a comment.

4. At the "Change cause of injury to new value?" prompt, press Enter to accept the default answer of "No". Typing **Yes** will prompt you to enter a new cause of injury. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.
5. At the "*Setting of accident/injury" prompt, press Enter to accept the default or select the correct value. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.
6. At the "*Safety equipment used" prompt, press Enter to accept the default or select the correct value. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

7. At the “*Enter the exact time and date of injury”, press Enter to accept the default value or else enter the correct injury date and time. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

8. At the “Town/village where injury occurred” prompt, press Enter to accept the default value or else enter the correct information. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

9. At the “Location of MVC (if applicable)” prompt, press Enter to accept the default value or else enter the correct information. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

10. At the “Driver's insurance company (if applicable)” prompt, press Enter to accept the default value or else enter the correct information. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

11. At the “Driver's insurance policy number (if applicable)” prompt, press Enter to accept the default value or else enter the correct information. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

12. At the “Owner of vehicle, if different than driver (if applicable)” prompt, press Enter to accept the default value or else enter the correct information. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

13. 1At the “Owner's insurance company (if applicable)” prompt, press Enter to accept the default value or else enter the correct information. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

14. At the “Owner's insurance policy number (if applicable)” prompt, press Enter to accept the default value or else enter the correct information. If you change the value, you will be prompted to enter the appropriate reason for the change and a comment.

Figure 2-9 shows a sample edit of visit injury data.

```
ENTER NUMBER OF SECTION TO EDIT  (OR '<return>' TO QUIT): 3  INJURY INFO

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

   **Setting the following field to No will cause all injury data to be deleted*
*Was this ER visit caused by an injury? YES//

   **Changing this Cause of Injury value can cause injury data to be deleted**

Current Cause of injury: X92.8XXS - Other assault by drowning and submersion,
sequela
```

```
Change cause of injury to new value? NO// YES
*Cause of injury: ELECTRIC


1   W29.1XXS  Contact with electric knife, sequela
2   W86.8XXS  Exposure to other electric current, sequela
3   W29.1XXA  Contact with electric knife, initial encounter
4   W85.XXXS  Exposure to electric transmission lines, sequela
5   W29.1XXD  Contact with electric knife, subsequent encounter
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 2

EDIT DATE: JUN 10, 2015

EDIT TIME: 09:30:17

FIELD NAME BEING EDITED: CAUSE OF INJURY

OLD VALUE: Other assault by drowning and submersion, sequela

NEW VALUE: Exposure to other electric current, sequela

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM// DE  Data entry error
Comment: PICKED THE WRONG CODE
*Setting of accident/injury: RESIDENTIAL INSTITUTION// INDUSTRIAL PLACE

EDIT DATE: JUN 10, 2015

EDIT TIME: 09:31:09

FIELD NAME BEING EDITED: SCENE OF INJURY

OLD VALUE: RESIDENTIAL INSTITUTION

NEW VALUE: INDUSTRIAL PLACE

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM// DE  Data entry error
Comment: PICKED THE WRONG CODE
*Safety equipment used: NO SAFETY DEVICE//
*Enter the exact time and date of injury:  JUN 10,2015@01:00// T@0030  (JUN 10,
2015@00:30)

EDIT DATE: JUN 10, 2015

EDIT TIME: 09:31:31
```

```
FIELD NAME BEING EDITED: TIME OF INJURY

OLD VALUE: JUN 10, 2015@01:00

NEW VALUE: JUN 10, 2015@00:30

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM// DE  Data entry error
Comment: ENTERED THE WRONG TIME
Town/village where injury occurred: INJURY VILLAGE// CITY WHERE THEY WORK

EDIT DATE: JUN 10, 2015

EDIT TIME: 09:31:53

FIELD NAME BEING EDITED: TOWN OF INJURY

OLD VALUE: INJURY VILLAGE

NEW VALUE: CITY WHERE THEY WORK

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM//   Administrative
Comment: PUT IN CORRECT VALUE
Location of MVC (if applicable):
Driver's insurance company (if applicable):
Driver's insurance policy number (if applicable):
Owner of vehicle, if different than driver (if applicable):
Owner's insurance company (if applicable): STATE FRAM//
Owner's insurance policy number (if applicable):

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
```

Figure 2-9: Sample Edit of Visit Injury Information

2.4.3 Diagnosis (5)

This section replaces the "Diagnosis (5)" section (13.7) of Version 3.0 of the Emergency Room System User Manual.

The "Edit ER VISITs" option has been modified to no longer allow the visit diagnosis to be modified in the ERS application. Once a patient has been discharged, the diagnosis must now be changed using EHR or PCC. Any changes that do get made in those applications will automatically get pushed back to ERS. Figure 2-10 shows how users can no longer select the DIAGNOSIS option to edit.

```
Do you want to EDIT this ER VISIT? YES//

     Select one of the following:

          1         ADMISSION SUMMARY
          2         TRIAGE INFO
          3         INJURY INFO
          4         PROCEDURES
          5         DIAGNOSES (OPTION DISABLED)
          6         EXIT ASSESSMENT
          7         DISCHARGE INFO
          8         FOLLOW UP INSTRUCTIONS
          9         ER CONSULTANTS
          10        ALL

ENTER NUMBER OF SECTION TO EDIT  (OR '<return>' TO QUIT): 5  DIAGNOSES (OPTION D
ISABLED)

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DX entry has been disabled in AMER.

Please use PCC to update visit POV information.
```

Figure 2-10: Disabled Diagnosis Editing

2.4.4 Follow Up Instructions (8)

This section replaces the "Follow Up Instructions (8)" section (13.10) of Version 3.0 of the Emergency Room System User Manual.

The **Follow Up Instructions (8)** option enables you to edit follow-up instructions.

> Be aware that changing the patient's name can also change the chart number, age, and other fields, which then creates a new PCC visit. The original information stays in the database until it is marked deleted.

Remember: If you change any admission summary information, the system prompts for a Primary Reason for Change code. You must enter one of the codes. You can also add an explanation at the "Comment" prompt

To edit follow-up instructions, follow these steps:

1. Select a visit date and patient, as described in Section 13.1 of Version 3.0 of the *Emergency Room System User Manual*, "Selecting Visit and Patient to edit."

2. At the “Enter Number of Section to Edit” prompt, Type **8**.

3. At the “*Follow up instructions” prompt, press Enter to accept the default or select the appropriate value from the list. If you changed the follow up instructions, the system displays the information and prompts for a reason for the change and allows a comment to be entered.

Figure 2-11 shows a sample edit of the follow up instructions.

```
Do you want to EDIT this ER VISIT? YES//

     Select one of the following:

          1         ADMISSION SUMMARY
          2         TRIAGE INFO
          3         INJURY INFO
          4         PROCEDURES
          5         DIAGNOSES (OPTION DISABLED)
          6         EXIT ASSESSMENT
          7         DISCHARGE INFO
          8         FOLLOW UP INSTRUCTIONS
          9         ER CONSULTANTS
          10        ALL

ENTER NUMBER OF SECTION TO EDIT  (OR '<return>' TO QUIT): 8  FOLLOW UP INSTRUCTI
ONS

~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

     Select one of the following:

          1         RTC PRN, INSTRUCTIONS GIVEN
          2         APPT AND INSTRUCTIONS GIVEN
          3         REF MADE, INSTRUCTIONS GIVEN
          4         NONE GIVEN

Follow up instructions: RTC PRN, INSTRUCTIONS GIVEN// 2  APPT AND INSTRUCTIONS G
IVEN

EDIT DATE: JUN 10, 2015

EDIT TIME: 08:17:03

FIELD NAME BEING EDITED: DISCHARGE INSTRUCTIONS

OLD VALUE: RTC PRN, INSTRUCTIONS GIVEN

NEW VALUE: APPT AND INSTRUCTIONS GIVEN

     Select one of the following:

          DE        Data entry error
          ADM       Administrative
          ID        Mistaken patient ID
          PT        Patient corrected
          OT        Other

PLEASE ENTER A PRIMARY REASON FOR CHANGE: ADM//   Administrative
```

```
Comment: SCHEDULED AN APPOINTMENT
```

Figure 2-11: Sample Edit of Follow Up Instructions

2.5 Reports Menu – Standard ER Log Report

A display only change has been made to the sort options screen of the ERS Report Generator – Standard Log Report which is documented in section (12.3.1) of Version 3.0 of the *Emergency Room System User Manual*. The change was to change the label for the "ICD9 CODE" Visit attribute to "ICD CODE". Figure 2-12 shows the new sort option screen.

```
                    *****  SORT OPTIONS  *****

Patient attributes =>
   1)   AGE ON DAY OF VISIT               2)   SEX

Visit attributes =>
   3)   ACUITY                           11)  OCCUPATION RELATED
   4)   DISPOSITION                   12)  PHYSICIAN
   5)   FIRST OR REVISIT          13)  PROCEDURE
   6)   FOLLOW UP                    14)  REVOLVING DOOR
   7)   ICD CODE                        15)  TOTAL VISIT DURATION
   8)   INJURY CAUSE               16)  WAITING TIME FOR THE DOCTOR
   9)   INJURY TIME LAG         17)  WAITING TIME FOR TRIAGE
   10)  NURSE


Sort by:  (1-17):
```

Figure 2-12: Standard ER Log Report Sort Options

3.0 Synching with EHR/EDD/PCC

3.1 Purpose of Visit

With the release of AMER Patch 6, BJPC Patch 11, and BEDD Version 2.0, the purpose of visit handling has been integrated across all the applications. Previously, POV information entered on the ED Dashboard remained in the dashboard until discharge. At that point, the information was transmitted to AMER and PCC. Similarly, AMER operated independently of PCC so that POV information entered elsewhere (through the PCC, EHR, or Prenatal applications for example) was not displayed in AMER at the time of discharge. Users had to reenter the POV information during the discharge and the information they entered had to be checked against what had already been entered. Now AMER is tied directly to the V POV file in PCC so any POV information entered there (or modified there after discharge) automatically gets sent to AMER. Users now have the option of entering POV information for an ER visit anywhere they want and it will be automatically displayed (and is available for editing) when they discharge the patient from the ER.

3.2 Cause of Injury

Cause of injury information is now getting transmitted to PCC to be stored in the appropriate V POV entry.

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (888) 830-7280 (toll free)

Web: http://www.ihs.gov/helpdesk/

Email: support@ihs.gov