**Purpose:** **Process for rooming a patient to prepare and set expectations for the visit with the provider**

**Who:** MAs

**Tools/Supplies Required:** EMR access

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| # | **What** | **How** | **Why** |
| 1 | Check EMR/system to see if patient has arrived. | * Arrival time will be listed under "arrival time” on Provider schedule. |  |
| 2 | Log in to computer in room | * + Open patient chart   + Enter chief complaint from Appointment Note   + Launch smartphrase for the visit **.amp**[visit type]   + Secure screen before leaving |  |
| 3 | Greet patient at check-in and walk patient back | * + Walk up to and greet the patient using Mr./Mrs. Last Name. If photo is not available and you do not recognize the patient, call the patient from doorway.   + Introduce yourself immediately upon calling the patient**.**   + Use two patient identifiers: * Picture, * Last name, * If picture not available, use Date Of Birth (DOB) in exam room |  |
| 4 | Take weight (height for physicals) | * + Measure weight and height (height at least once per year) and note on schedule copy or notepad. |  |
| 5 | Enter room | * + Open EMR |  |
| 6 | Document patient’s chief complaint | * + Confirm or correct patient's chief complaint/symptoms in the patient's chart. DO NOT chart a diagnosis. * “Is there anything else would like to talk to the provider about today?” * [Use provider’s name]: “Dr. X would like to put in a referral for you…” |  |
| 7 | HPI | * + Enter details about the reason for visit and any additional information that is vital to provider, document in HPI using a bulleted format (i.e., severity, duration, treatment, causation).   + Ask patient additional questions based on judgment: * “Do you have any labs or tests since the last visit?’ * “Are you seeing any specialists?” * “Do you need any referrals today?” * “Do you have any forms for the provider today?” |  |
| 8 | ConfirmHealth Maintenance | * Open and review needs for HM * Confirm if patient would like to complete any HM due today * Document in chart on patient decision * Click “ Update Health Maintenance” to refresh any HM updates made today in EPIC   Note: Consider adding .hmdue to pull in to note |  |
| 9 | Release Orders | * Release pending or future orders that were placed during pre visit prep (refer to Job Aid – Standing and Future Orders) * Select appropriate MA orders (use “Sign selected orders” functionality to release only specified orders ) |  |
| 10 | History (only new and preventative; (for established patients: complete tobacco history with vitals at Step 13) | * Collect medical/surgical Hx * Family History * Substance and Social Hx Collect tobacco history (i.e., if they smoke(d), when they quit, chew tobacco). Mark as reviewed for meaningful use. * Collect drinking history * Collect recreational drug use (only for new and preventative) |  |
| 11 | Confirm allergies | * Document type of allergies and reactions. * Document severity of allergy. * Enter additional comments on allergies if needed. * Mark as reviewed. |  |
| 12 | Reconcile medications | * Review current medication list with patient including over the counter, herbal supplements. (Medication status: taking, temporarily not taking, patient unsure, discontinued)   NOTE: If patient is asking to discontinue medication, note in the patient's chart for provider to discuss with patient.   * Add missing medications (from Rx dispense history). If unsure of dose, choose Rx Name without further information. Mark as "taking". * Mark medications as reviewed. * Ask patient if any refills are needed? If yes, note in chart and enter order for provider to approve. \*(Provider to confirm patient’s preferred pharmacy for meds today) * Place in a new medication order for a 12 month supply |  |
| 13 | Collect vitals | * Gel or wash hands prior to taking vital signs * Take BP * Take Temp * Take Pulse * Enter height and weight, temperature, pulse, last menstrual period if applicable. Tell the patient their BP/pulse/temp during the visit. For Well child checks under 5, look at the growth curves to confirm that the measurements are entered correctly. * Extended vitals, PRN * If patient is here for pain, ask patient to rate the pain on a scale of 1-10. |  |
| 14 | Offer patient portal, and activation of account | * Offer patient portal activation to patient while in the exam room. * Click patient portal sign up icon and enter MRN from patient letter if available, note and type MRN, or copy and paste MRN by pressing Control+C to copy and Control+v to paste to start the process which the patient can finish on their own. * If provider is ready to see patient, patient portal may be activated after provider has seen the patient. |  |
| 15 | Agenda Setting to set visit expectations | * Acknowledge all of patient’s concerns. Ask patient for the most important concerns. Let patient know that provider will address the top ones. Offer patient options if all concerns can’t be addressed today. * **“**What would like accomplished today?” * “What is most important for you to talk with the provider about today?” |  |
| 16 | Get Patient Ready for Exam | * Instruct patient on changing into gown, if applicable * Explain what comes next (i.e., who will come in next, when they will come in) |  |
| 17 | Click time ready chart & green dot in EMR | * Click 'Time Ready/Rm #' in the visit navigator. * Place green dot in EMR to signal “Ready for Provider” |  |
| 18 | Exit room courteously | * Exit courteously using CICARE. Offer any water. * Secure screen in EMR and secure station**.** * Gel out when exiting the exam room. |  |