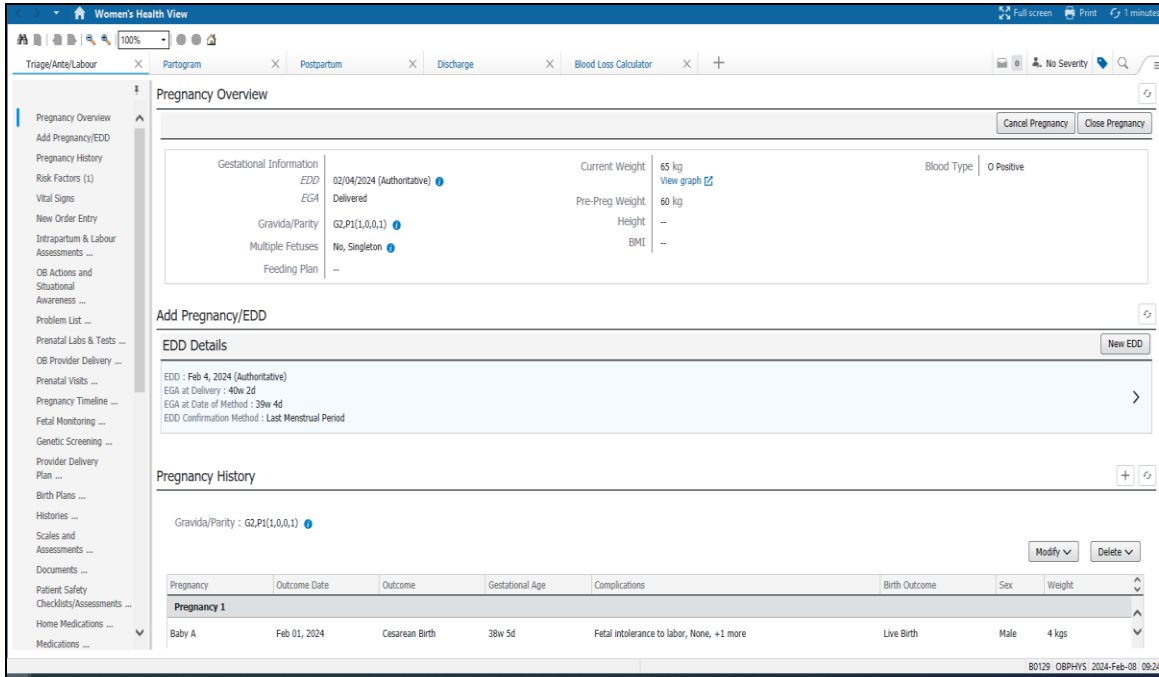
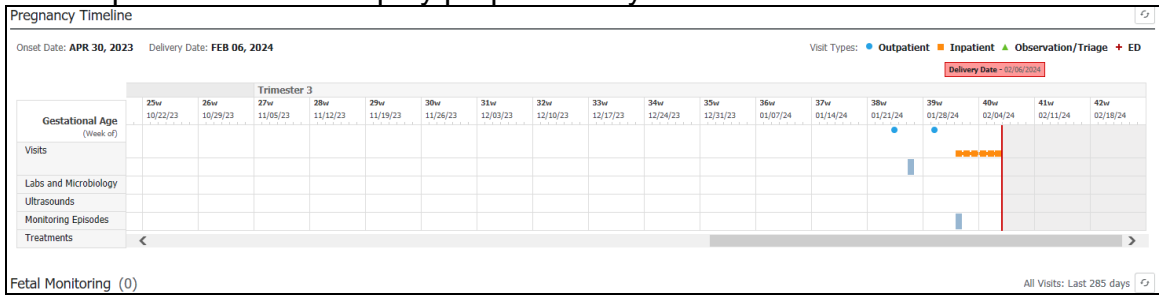


Women's Health Workflow mPage/DynDoc



The Women's Health Workflow mPage will replace all labour and delivery paper documentation. The mPage contains components that display documentation from the patient's chart.

Some components are for display purposes only.



Other components are interactive that contain links or allow certain functions to be performed. An example is the "Pregnancy History" component.

It displays a list of past pregnancies (if applicable) and allows for the documentation.



Some components contain filtering options. An example is the Documents component.

Users may view documents for specific timeframes (1 week, 12 months, etc.).

Documents can also be filtered by encounter or author.

The screenshot shows the 'Documents (7)' interface. At the top, there are filter buttons for 'All Visits', 'Last 18 months', 'Last 1 weeks', 'Last 12 months', and 'Last 24 hours'. Below these are buttons for 'Change Filter...', 'Last 50 Notes', 'My Notes Only', and 'Group by Encounter'. The table below has columns for 'Time of Service', 'Subject', 'Note Type', 'Author', 'Last Updated', and 'Last Updated By'. The data is grouped into sections: 'In Progress (2)', 'Inpatient - 06 - 09/14/21 (1)', and 'Inpatient - 1 - 07/05/21 (4)'. Each entry includes a timestamp, subject (e.g., 'Daily Progress / SOAP...'), note type ('Physician Progress Note'), author ('Test, Hospitalist'), and update information.

Some components allow different display views.

An example can be found on the Vital Signs component.

The end user can toggle between table and flowsheet views (iView).

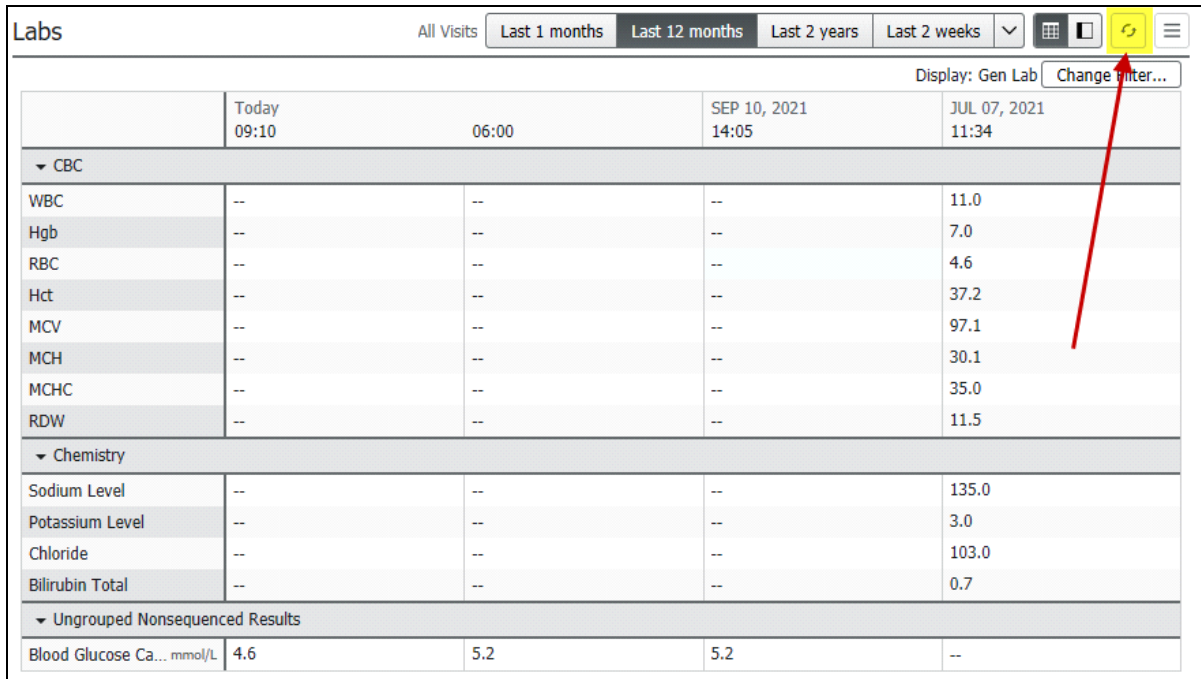
The screenshot shows the 'Vital Signs' component in flowsheet view. The interface includes filter buttons for 'All Visits', 'Last 7 days', 'Last 2 weeks', 'Last 24 hours', and 'Last 3 months'. A red arrow points to a view toggle icon (a square with a grid pattern) in the top right corner. The table below shows vital signs data for 'Today' with columns for 09:10, 06:00, 04:00, and 02:15. The rows include Temp (degC), Peripheral Pulse Rate (bpm), BP (mmHg), HR (bpm), Respiratory Rate (br/min), SpO2 Saturation (%), and Blood Glucose Ca... (mmol/L).

Table view

The screenshot shows the 'Vital Signs' component in table view. The interface includes filter buttons for 'All Visits', 'Last 7 days', 'Last 2 weeks', 'Last 24 hours', and 'Last 3 months'. A red arrow points to a view toggle icon (a square with a grid pattern) in the top right corner. The table below shows vital signs data with columns for 'Latest' and 'Previous', and rows for 'Temp', 'Peripheral Pulse Rate', 'BP', 'HR', 'Respiratory Rate', and 'SpO2 Saturation'.

Flowsheet view (iView)

Some components have a refresh option that can be used to update the content to the most current.

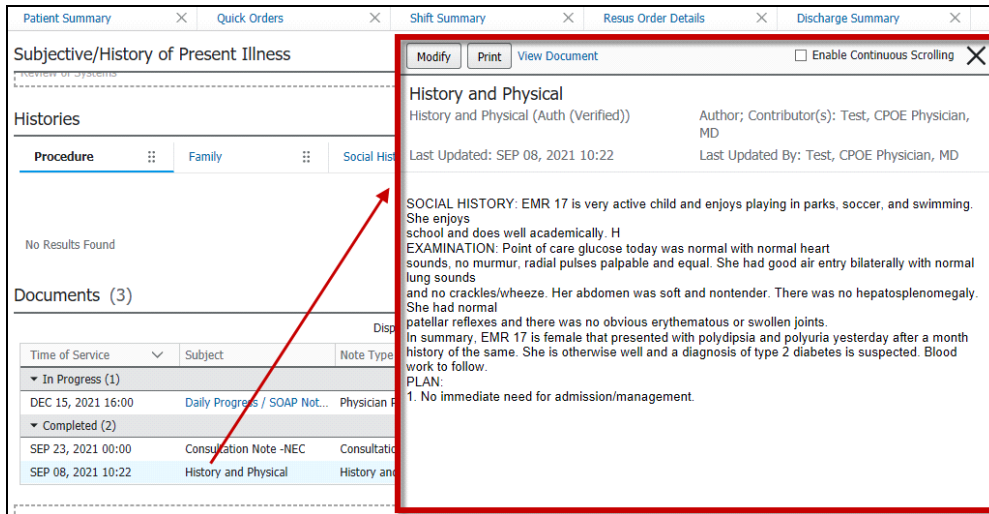


The screenshot shows a 'Labs' section in a medical interface. At the top, there are filters for 'All Visits', 'Last 1 months', 'Last 12 months', 'Last 2 years', and 'Last 2 weeks'. A refresh icon (a circular arrow) is highlighted with a red arrow. Below the filters, there is a 'Display: Gen Lab' button and a 'Change Filter...' link. The main table displays lab results for 'Today' (09:10) and '06:00' on 'SEP 10, 2021' (14:05) and 'JUL 07, 2021' (11:34). The table is organized into sections: CBC, Chemistry, and Ungrouped Nonsequenced Results.

	Today 09:10	06:00	SEP 10, 2021 14:05	JUL 07, 2021 11:34
▼ CBC				
WBC	--	--	--	11.0
Hgb	--	--	--	7.0
RBC	--	--	--	4.6
Hct	--	--	--	37.2
MCV	--	--	--	97.1
MCH	--	--	--	30.1
MCHC	--	--	--	35.0
RDW	--	--	--	11.5
▼ Chemistry				
Sodium Level	--	--	--	135.0
Potassium Level	--	--	--	3.0
Chloride	--	--	--	103.0
Bilirubin Total	--	--	--	0.7
▼ Ungrouped Nonsequenced Results				
Blood Glucose Ca... mmol/L	4.6	5.2	5.2	--

Documents may be reviewed in the “Document” component

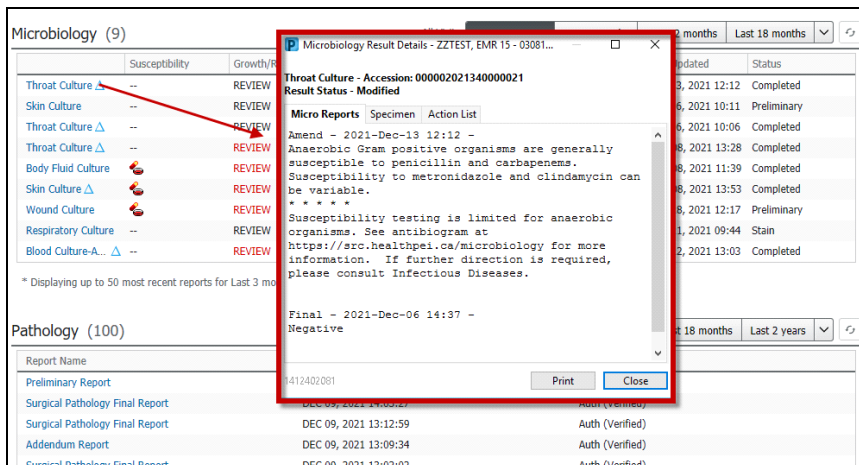
1. Click on the document name
2. The document will display on the right-hand side.



Lab reports function in a similar fashion.

The “Microbiology and Pathology” components contain lab reports based on the chosen filters. 1. Click on a report name

2. The document will open for viewing.



The “Diagnostic Imaging” component is organized into sections displaying links to reports based on the test ordered.

Diagnostic Imaging (1)				
Name	Reason For Exam	Resulted	Last Updated	Status
▼ Computed Tomography (0)				
▼ X-Ray (0)				
▼ Magnetic Resonance Imaging (0)				
▼ Mammography (0)				
▼ Nuclear Medicine (0)				
▼ Ultrasound (1)				
US Abdomen	--	DEC 20, 2021 11:23	DEC 20, 2021 11:28	Auth (Verified)
▼ Special/Interventional (0)				

The title of each diagnostic test is a link to the report.

*** Final Report ***

US Abdomen

Liver: unremarkable, no parenchymal lesions
 Gallbladder: unremarkable, no gallstones
 Biliary tree: no dilation, CBD patent
 Pancreas: unremarkable, size WNL
 Right kidney: unremarkable, size WNL
 Left kidney: unremarkable, size WNL
 Spleen: unremarkable, size WNL
 Aorta: no AAA
 Pelvic survey: unremarkable

Interpreting Radiologist: ENRIGHT, THOMAS
 Exam Date: 2021-DEC-20 11:23
 Results Verified Date: 2021-DEC-20 11:28
 Accession: 3462795
 Ordering Provider: HOSPITALIST, A
 Attending Physician: HOSPITALIST, A
 Family Physician: HOGAN, LAURA M

cc. Physician:

Result type: US Abdomen
 Result date: 2021-Dec-20 11:23 AST
 Result status: Auth (Verified)
 Result title: US Abdomen
 Performed by: Enright, Thomas G, MD on 2021-Dec-20 11:28 AST
 Verified by: Enright, Thomas G, MD on 2021-Dec-20 11:28 AST
 Encounter info: 06368200, GEH, Inpatient, 2021-Jul-05 -
 Contributor system: IDXRAD

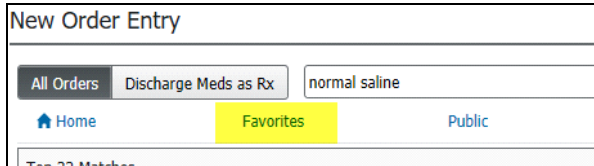
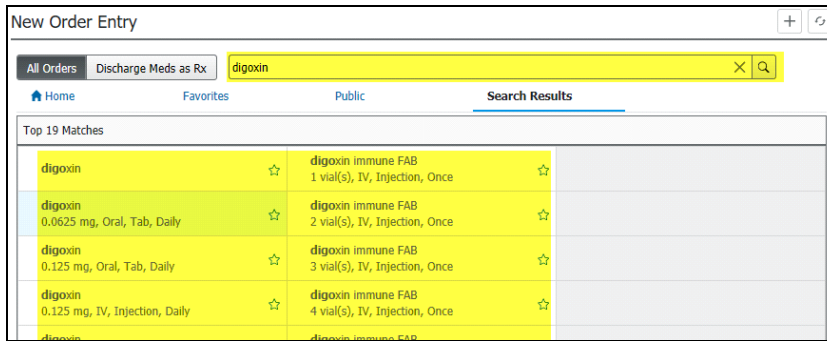
The Home Medications component displays a list of the current home medications. The various stages of medication reconciliation may be completed from the links provided.

Home Medications (3)				
Status: ✔ Meds History ! Admission In Hospital Transfer ! Discharge View Details				
Medication	Compliance	Supply...	Responsible Provider	
candesartan 8 mg, Oral, Daily	--	--	--	
hydrochlorothiazide (Hydrodiuril) 25 mg, Oral, Daily	--	--	--	
levothyroxine (Synthroid) 125 mcg, Oral, Daily	--	--	--	

Document History: Completed by Test, Nurse, RN on DEC 16, 2021 at 12:37 Sign

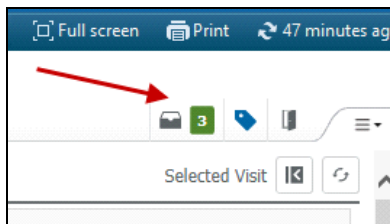
Orders can be entered using the New Order Entry component

The search field will return results for the medication below and display all associated order sentences.



“Favorites” folder can be accessed here.

A “small green” icon will display the number of orders selected



1. Click on the green icon
2. A box will appear that contains all the orders.
3. Any newly signed orders will appear, along with other current and active orders
4. This component is encounter specific.

Order Profile (22)		Selected Visit			
Daily COVID-19 Symptom Assessment	2021-Jul-05 14:51, Once, Stop Date 2021-Jul-05 14:51	JUL 05, 2021 1...	Ordered	JUL 05, 2021 1...	SYSTEM, SYST...
Hand Hygiene	Start: 2021-Jul-05 14:51	JUL 05, 2021 1...	Ordered	JUL 05, 2021 1...	SYSTEM, SYST...
TLR	2021-Jul-05 14:51, Stop Date 2021-Jul-05 14:51	JUL 05, 2021 1...	Ordered	JUL 05, 2021 1...	SYSTEM, SYST...
▼ Continuous Infusions (1)					
Normal Saline IV Bolus 250 mL	250 mL/hr, IV, Stop: 2021-Dec-16 14:58	DEC 16, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
▼ Medications (7)					
alprazolam (Xanax)	1 mg, Oral, BID	DEC 16, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
amlODIPine	5 mg, Oral, Daily	DEC 17, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
cefazolin	2,000 mg, IV, interval q12h	DEC 01, 2021...	Ordered	DEC 01, 2021...	Test, CPOE Ph...
diclofenac	25 mg, Oral, TID	DEC 16, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
digoxin	0.0625 mg, Oral, Daily	DEC 17, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
insulin lispro (Humalog insulin)	2 unit(s), Subcutaneous, Morning	DEC 02, 2021...	Ordered	DEC 01, 2021...	Test, CPOE Ph...
metoprolol	2.5 mg, IV, q5minutes	DEC 16, 2021...	Ordered	DEC 16, 2021...	Test, Hospitalist,
▼ Non Categorized (2)					
Automate Patient Data Hospitalist Adult	2021-Jul-07 11:33, Stop Date 2021-Jul-07 11:33	JUL 07, 2021 1...	Ordered	JUL 07, 2021 1...	Unknown Physl...
Automate Patient Data Hospitalist Adult	2021-Jul-07 11:15, Stop Date 2021-Jul-07 11:15	JUL 07, 2021 1...	Ordered	JUL 07, 2021 1...	Test, Hospitalist,

Free text Components

The mPage contains free text components that allows the provider to enter notations while reviewing documentation.

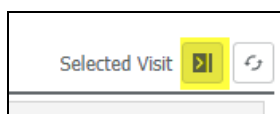
In any of these free text fields Dragon Dictation can be utilized.

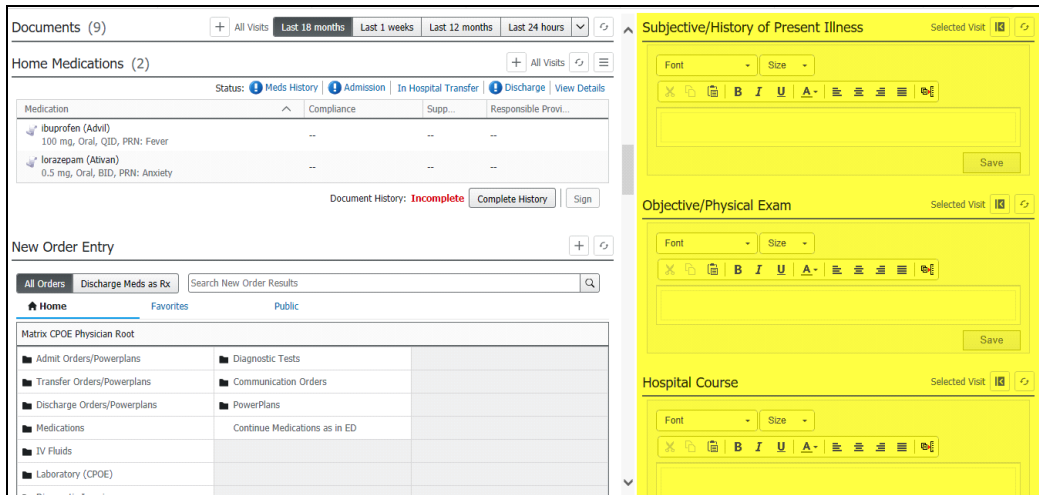
These components are:

- Subjective/History of Present Illness
- Objective/Physical Exam
- Review of Systems
- Assessment and Plan
- Hospital Course
- Patient Instructions

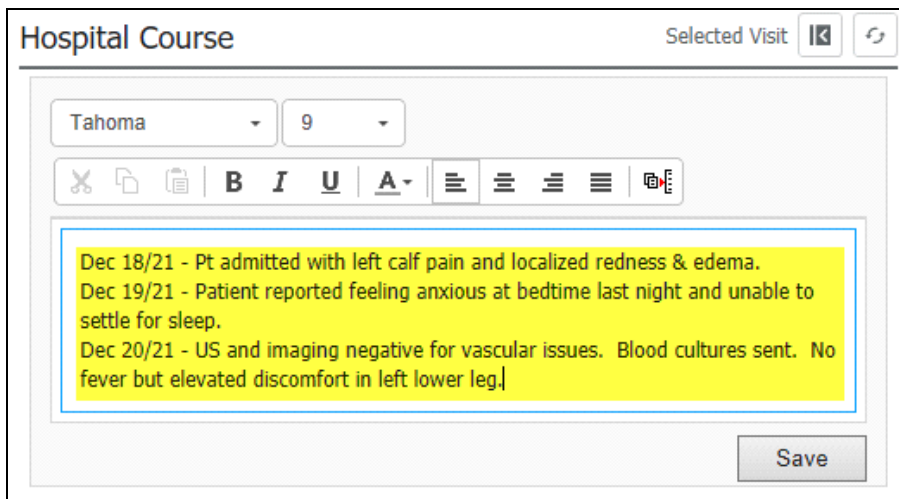
These components will eventually become part of the note.

Use the “Contextual View” icon to move the component to the right and to move it back to the left with the other components.





The “Hospital Course” component will retain the information you enter throughout the patient’s stay and will not clear out until the current encounter is discharged electronically.



Tagging

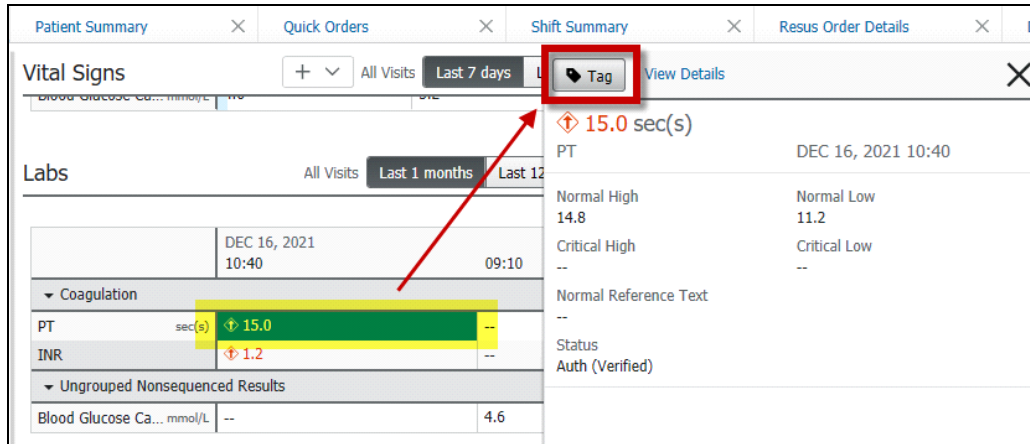
The Workflow mPage allows the end-user to select information and place it on a virtual clipboard so it can be included later while creating a document.

Information that can be tagged includes:

- Lab values
- Text from clinical documents
- Text from radiology reports

Text “tagged” will appear on a clipboard when you are in the document window.

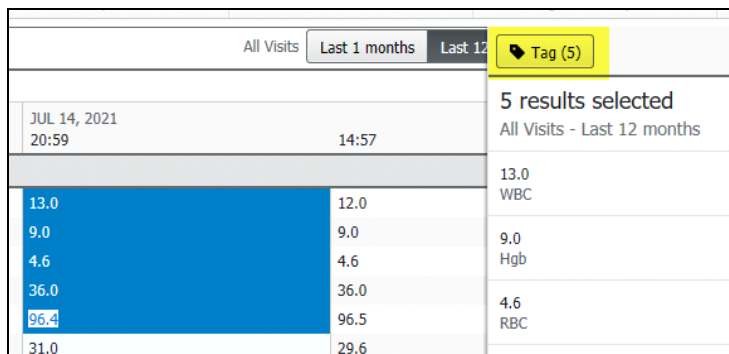
Tagged lab values will appear in a lab values section on the note template.



1. Select a lab value from the Lab component.
2. The result view window opens and a Tag option will appear in the upper left of the screen.
3. Click "Tag" and the value will be pulled into the note template when launched.

To tag multiple lab values at once,

1. Press the "Ctrl" key on the keyboard while selecting values.
2. The tag button will change to display the number of values selected.



Tagging Text from Clinical Documents

1. Open a document and highlight the desired text.
2. A “Tag” option will appear.
3. Click on “Tag” to save the highlighted text to the clipboard.

The screenshot shows a software interface for managing clinical documents. On the left, there is a list of documents under the heading 'Documents (9)'. The list is organized into two categories: 'In Progress (3)' and 'Completed (6)'. Each document entry includes a date and time, a subject, and a note type. The document dated 'SEP 10, 2021 14:13' is selected, and its details are shown on the right. The document title is 'Sept 20, 2021'. The author is 'Test, Hospitalist'. The text of the document is displayed, with a portion highlighted in blue: 'Pt admitted this morning with calf pain, d-dimer normal. Vasc scan ordered and awaiting appt. Pt comfortable with no complaints...'. A red arrow points to a 'Tag' button that has appeared over the highlighted text, indicating the tagging process.

Creating A Clinical Note Using Dynamic Documentation

The note template links are located at the bottom of the mPage menu.

Specific note types such as admission, delivery, discharge etc will auto-populate documented information from the chart.

The screenshot shows a 'Create Note' menu with the following options:

- OB Antenatal Testing
- OB Admission H&P (History and Physical)
- OB Labour Progress Note
- OB Delivery - Vaginal (OB Delivery Note)
- OB Delivery - Cesarean
- Select Other Note

Tagged text will appear on a clipboard along the left side.

Delivery

Disposition

History/Labor Course
dictate

Delivery Documentation

Baby A

Delivery Details
Delivery Type: Cesarean birth (Recorded: 02/06/2024 11:43 AST)
Delivery Type: Cesarean birth (Recorded: 02/01/2024 11:09 AST)
Reason for Cesarean Section: Failed TOLAC (Recorded: 02/06/2024 11:43 AST)
Reason for Cesarean Section: Elective repeat cesarean section (Recorded: 02/01/2024 11:09 AST)
Date, Time of Birth: 02/06/2024 11:45 AST (Recorded: 02/06/2024 11:45 AST)
Date, Time of Birth: 02/01/2024 11:17 AST (Recorded: 02/01/2024 11:09 AST)
D-EGA at Delivery: 40 weeks 2 days (Recorded: 02/06/2024 11:45 AST)
D-EGA at Delivery: 38 weeks 5 days (Recorded: 02/01/2024 11:09 AST)

Neonate Details
Birth Outcome: Live birth (Recorded: 02/06/2024 11:46 AST)
Birth Outcome: Live birth (Recorded: 02/01/2024 13:23 AST)
Birth Sex: Male (Recorded: 02/06/2024 11:46 AST)
Birth Sex: Male (Recorded: 02/01/2024 13:23 AST)
Birth Weight: 4 kg (Recorded: 02/07/2024 07:57 AST)
Birth Weight: 4 kg (Recorded: 02/06/2024 11:46 AST)
Birth Weight: 4 kg (Recorded: 02/01/2024 13:23 AST)
Multiple Gestation Description: Singleton
Apgar Score 1 Minute: 10 (Recorded: 02/06/2024 11:46 AST)
Apgar Score 1 Minute: 8 (Recorded: 02/01/2024 13:23 AST)
Apgar Score 5 Minute: 10 (Recorded: 02/06/2024 11:46 AST)
Apgar Score 5 Minute: 9 (Recorded: 02/01/2024 13:23 AST)
Resuscitation at Birth: Other: dry and stimulate

Maternal and Neonate Complications
Maternal Delivery Complications: Maternal fever
Birth Complications: Fetal intolerance to labor
Neonate Complications: None
Umbilical Cord Description: 3 vessel cord
Cord Blood Sent to Lab: Yes

Blood Loss
2024-Feb-08 10:56 AST, OB Delivery - Vaginal

Labour Information

Baby A
Labor Onset Methods: Spontaneous
Labor Onset, Date/Time: 02/06/2024 11:43 AST

OB History
Pregnancy History: G2 P1(1,0,0,1)
Pregnancy # 1
Baby 1
Outcome Date: 02/01/2024 **Outcome or Result:** Cesarean Birth
Gest Age: 38 weeks 5 days **Birth Outcome:** Live Birth
Birth Sex: Male **WT:** 4000 g
Maternal Complications: Maternal fever
Birth Complications: Fetal intolerance to labor
Neonate Complications: None

Membrane Status Information

Medications

Given
Ringer's Lactate, 1000 mL, IV
Toradol inj, 15 mg, IV
Tylenol oral tablet, 325 mg, Oral

Sign/Submit Save Save & Close Cancel

Daily Progress / SOAP Note X List

Tagged Text

US Abdomen 12/20/2021 11:23...
US Abdomen Resulting DI US exam! TES...

Sept 20, 2021 09/10/2021 14:13...
Pt admitted this morning with calf pain, d...

Tagged "Lab" results will appear within the body of the note in "Lab Results" section.

Test Name	Test Result	Date/Time
PT	15.0 sec(s) (High)	12/16/2021 10:40 AST
INR	1.2 (High)	12/16/2021 10:40 AST
Blood Glucose Capillary, Hospital Device	4.6 mmol/L	12/16/2021 09:10 AST

Data entered in the "freetext" component will appear in the appropriate sections.

Subjective
Pt admitted with left calf pain & redness.

Review of Systems

Objective
Vitals & Measurements
Physical Exam
Peripheral pulses WNL. Redness and edema noted to left calf, pain with pedal pronation.

Diagnostic Results

Tagged text can be dragged and dropped into specific sections.

Click here

Drag to here

Diagnostic Results
US Abdomen
Resulting DI US exam! TEST

Interpreting Radiologist: ENRIGHT, THOMAS
Exam Date: 2021-DEC-20 11:23
Results Verified Date: 2021-DEC-20 11:28
Accession: 3462795
Ordering Provider: HOSPITALIST, A
Attending Physician: HOSPITALIST, A
Family Physician: HOGAN, LAURA M [1]

[1] US Abdomen; Enright, Thomas G, MD 12/20/2021 11:23 AST

To add custom text, click within the section. Type or use Dragon.

Assessment/Plan

Diagnoses

Lab Results

Test Name	Test Result
PT	15.0 sec(s) (High)
INR	1.2 (High)

Assessment/Plan

Weakness/AMS: Differential diagnosis for the patient's current complaints is widespread and includes CVA, encephalitis, hyperglycemia, hypertensive encephalopathy, hypothyroidism, seizure, and phenytoin toxicity. No acute changes on head CT rules out a stroke and the patient is not demonstrating any signs of infection (no fever, no elevated WBC, no headache/neck pain). The leading consideration at this point would be related to missed doses of medications, given lab values of glucose and thyroid hormone, or perhaps overdose of muscle relaxant medications. Patient should also be tested for phenytoin toxicity. Control glucose and hypertension as described below. Phenytoin level pending as supra therapeutic levels can lead to altered mental status. Continue to assess level of orientation.

Diabetes Mellitus: Given the patient's glucose of 519 and HbA1c of 11 last year, her diabetes is not well controlled, and occasionally misses doses. Repeat HbA1c. Continue home Lantus 35 units qHs and aspart 10 TID. Refer for diabetes education.

HTN: BP 180s/100s initially, decreased to 140s/90s during ED course. Continue home amlodipine 10 daily and labetalol 100 BID.

Diagnoses

Click on the "X" beside the title to remove a section from the note.

Diabetes Mellitus. Given the patient's glucose of 519 and HbA1c of 11 last year, her diabetes is not well controlled, and occasionally misses doses. Repeat HbA1c. Continue home Lantus 35 units qHs and aspart 10 TID. Refer for diabetes education.

HTN: BP 180s/100s initially, decreased to 140s/90s during ED course. Continue home amlodipine 10 daily and labetalol 100 BID.

Diagnoses [X]

Lab Results

Test name	Test Result
PT	15.0 sec(s) (High)

Example of a completed note template.

Daily Progress / SOAP Note

Subjective
Pt admitted this morning with calf pain, d-dimer normal. Vasc scan ordered and awaiting appt. Pt comfortable with no complaints. [U]

Vitals - stable
Chest - clear to bases
Abdomen - obese, non-tender
Cardiovascular - pulse regular, no bruits noted, peripheral pulses present, no pedal edema, hx of intermittent atrial fibr (diagnosed 2017).
Gastrointestinal - bowel sounds present, neg diet

Objective
Vitals & Measurements
Physical Exam
Peripheral pulses WNL. Redness and edema noted to left calf, pain with pedal proration.

US Abdomen
Resulting 01 US exam: TEST

Interpreting Radiologist: ENRUGH, THOMAS
Exam Date: 2021-DEC-20 11:23
Results Verified Date: 2021-DEC-20 11:28
Accession: 3462765
Ordering Provider: HOSPITALIST, A
Attending Physician: HOSPITALIST, A
Family Physician: HOGAN, LAURA M D1

Assessment/Plan
Weakness/AMS: Differential diagnosis for the patient's current complaints is widespread and includes CVA, encephalitis, hyperglycemia, hypertensive encephalopathy, hypothyroidism, seizure, and phenytoin toxicity. No acute changes on head CT rules out a stroke and the patient is not demonstrating any signs of infection (no fever, no elevated WBC, no headache/neck pain). The leading consideration at this point would be related to missed doses of medications, given lab values of glucose and thyroid hormone, or perhaps overdose of muscle relaxant medications. Patient should also be tested for phenytoin toxicity. Control glucose and hypertension as described below. Phenytoin level pending as supra therapeutic levels can lead to altered mental status. Continue to assess level of orientation.

Diabetes Mellitus: Given the patient's glucose of 519 and HbA1c of 11 last year, her diabetes is not well controlled, and occasionally misses doses. Repeat HbA1c. Continue home Lantus 35 units qHs and aspart 10 TID. Refer for diabetes education.

HTN: BP 180s/100s initially, decreased to 140s/90s during ED course. Continue home amlodipine 10 daily and labetalol 100 BID.

Vascular US/studies ordered and pending. Blood work normal. Cultures of left calf obtained and sent.

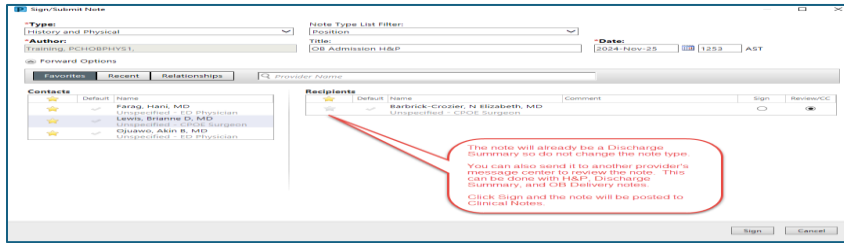
Lab Results

Test Name	Test Result	Date/Time
PT	15.0 sec(s) (High)	12/16/2021 10:40 AST
INR	1.2 (High)	12/16/2021 10:40 AST
Blood Glucose Capillary, Hospital Device	4.8 mmol/L	12/16/2021 09:10 AST

Sign/Submit Save Save & Close Cancel

Clicking “Sign/Submit will open the Save Note window.

Additional recipients can be selected.



Click “Sign”

****Notes will be auto distributed to the CHR****

Subjective
Pt admitted this morning with calf pain, d-dimer normal. Vasc scan ordered and awaiting appt. Pt comfortable with no complaints. [1]

Review of Systems
Vitals - stable
Chest - clear to bases
Abdomen - obese, non-tender
Cardiovascular - pulse regular, no bruits noted, peripheral pulses present, no pedal edema, hx of intermittent atrial fib (ablated 2017)
Gastrointestinal - bowel sounds present, reg diet

Objective
Physical Exam
Peripheral pulses WNL. Redness and edema noted to left calf, pain with pedal pronation.

Diagnostic Results
US Abdomen
Resulting DI US exam! TEST

Interpreting Radiologist: ENRIGHT, THOMAS
Exam Date: 2021-DEC-20 11:23
Results Verified Date: 2021-DEC-20 11:28
Accession: 3462795
Ordering Provider: HOSPITALIST, A
Attending Physician: HOSPITALIST, A
Family Physician: HOGAN, LAURA M [2]

Assessment/Plan
Weakness/AMS: Differential diagnosis for the patient's current complaints is widespread and includes CVA, encephalitis, hyperglycemia, hypertensive encephalopathy, hypothyroidism, seizure, and phenytoin toxicity. No acute changes on head CT rules out a stroke and the patient is not demonstrating any signs of infection (no fever, no elevated WBC, no headache/neck pain). The leading consideration at this point would be related to missed doses of medications, given lab values of glucose and thyroid hormone, or perhaps overdose of muscle relaxant medications. Patient should also be tested for phenytoin toxicity. Control glucose and hypertension as described below. Phenytoin level pending as supra therapeutic levels can lead to altered mental status. Continue to assess level of orientation.
Diabetes Mellitus: Given the patient's glucose of 519 and HbA1c of 11 last year, her diabetes is not well controlled, and occasionally misses doses. Repeat HbA1c. Continue home Lantus 35 units qhs and aspart 10 TID. Refer for diabetes education.
HTN: BP 186/100s initially, decreased to 140s/90s during ED course. Continue home amlodipine 10 daily and labetalol 100 BID.

Vascular US/studies ordered and pending. Blood work normal. Cultures of left calf obtained and sent.

Test Name	Test Result	Date/Time
PT	15.0 sec(s) (High)	12/16/2021 10:40 AST
INR	1.2 (High)	12/16/2021 10:40 AST
Blood Glucose Capillary, Hospital Device	4.6 mmol/L	12/16/2021 09:10 AST

[1] Sept 20, 2021; Test, Hospitalist, 09/10/2021 14:13 ADT
[2] US Abdomen; Enright, Thomas G, MD 12/20/2021 11:23 AST

Signature Line
Electronically Authenticated By: Test, Hospitalist,
Date and Time: 21-Dec-2021 04:01 PM

Result type: Physician Progress Note
Result date: 2021-Dec-21 15:11 AST
Result status: Auth (Verified)
Result title: Daily Progress / SOAP Note
Performed by: Test, Hospitalist, on 2021-Dec-21 16:01 AST
Verified by: Test, Hospitalist, on 2021-Dec-21 16:01 AST
Encounter info: 06368340, QEH, Inpatient, 2021-Sep-14 - 2021-Sep-14