



Provider Workflow mPage + DynDoc

# Provider Workflow mPage + DynDoc

## Table of Contents

|   |    |
|---|----|
| Provider Workflow mPage+DynDoc.....                       | 2  |
| View only components.....                                 | 2  |
| Modifiable components.....                                | 2  |
| Filters.....  | 3  |
| Toggle between table and flowsheet view.....              | 3  |
| Refreshing individual components.....                     | 4  |
| Document review .....                                     | 4  |
| Lab Reports .....   | 5  |
| Diagnostic Imaging.....                                   | 5  |
| Medications.....  | 6  |
| Order Entry.....  | 6  |
| Free text Components.....                                 | 8  |
| Contextual View of Text boxes .....                       | 8  |
| Tagging .....   | 9  |
| Tagging Lab Values .....                                  | 10 |
| Tagging Text From Clinical Documents.....                 | 11 |
| Tagging Text From Radiology Reports .....                 | 11 |
| Creating A Clinical Note Using Dynamic Documentation..... | 11 |
| Review Note Type .....                                    | 15 |
| Distribution of Provider DynDoc notes .....               | 16 |
| Sending reports to out-of-province providers.....         | 17 |
| Example of the final note.....                            | 18 |

## Provider Workflow mPage+DynDoc

The screenshot displays the Hospitalist Workflow mPage interface. On the left is a navigation sidebar with categories like Patient Information, Problems and Diagnosis, Documents, Order Profile, History, New Order Entry, Vital Signs, Labs, Microbiology, Pathology, Diagnostic Imaging, Visits, Immunizations, Allergies, Medications, Home Medications, Intake and Output, Subjective/History of Present Illness, Objective/Physical Exam, Hospital Course, Review of Systems, Assessment and Plan, Create Note, History & Physical, and Physician Progress Note. The main content area is divided into several sections: Patient Information (with sub-sections for Addresses, Contact Information, and Emergency Contact), Subjective/History of Present Illness, Objective/Physical Exam, Hospital Course, and Review of Systems. The Patient Information section shows details for a patient named BOB MACDONALD, including his address (123 Main Street, Charlottetown, PE C1A1A1), home phone (902) 555-5555, and emergency contact (BOB MACDONALD, Brother, Home (902) 625-1111). The Problems and Diagnosis section lists active problems like Diabetes Mellitus, Pneumonia, Bipolar, and Congestive heart failure, with options to add or resolve them. The right side of the interface contains text entry fields for the Subjective/History of Present Illness, Objective/Physical Exam, Hospital Course, and Review of Systems, each with a 'Save' button.

The provider specific Workflow mPage will replace the Patient Summary. The components on the mPage display information about the patient.

### View only components

Some components are for display purposes only. An example of this would be the “Patient Information” Component.

This screenshot shows a detailed view of the Patient Information component. It is organized into three main sections: Addresses, Contact Information, and Emergency Contact. The Addresses section lists 'Home' at '12 Water, Charlottetown, PE X0X0X0'. The Contact Information section shows 'Home Phone (902) 222-2222' and 'Preferred --'. The Emergency Contact section lists 'Name ZZTEST, MOTHER', 'Relationship Mother', and 'Home (902) 222-2222'. The component has a title bar 'Patient Information' and a close button.

### Modifiable components

Other components are interactive in that they contain links or allow certain functions to be performed. An example is “Allergies.” It displays current food and drug allergies and allows the addition of new or undocumented allergies.

This screenshot displays the Allergies component. At the top, it says 'Allergies (2)' and includes a search bar with the text 'Reverse Allergy Check' and 'clinda'. Below this is a table with columns for Substance, Severity, Reactions, Category, and Status. The table lists two allergies: 'penicillin' (Medium severity, Drug category) and 'Bee Stings' (High severity, Environment category). Below the table is a section for 'Histories' with tabs for Problems, Procedure, Family, and Social History. The Problems tab is active, showing a list of chronic problems (2) and resolved problems (2). A dropdown menu is open, showing a list of drugs including Clinda-Derm, Clinda-Derm 1% solution, Clindagel, Clindamax, Clindasec, clindamycin, clindamycin topical, clindaReach Pledget, Clindamycin, Topical, and Clindamycin, Vaginal. At the bottom, a reconciliation status message reads: 'Reconciliation Status: Completed by Reid, Patricia A, on FEB 11, 2025 at 16:59'.

## Filters

Some components contain filtering options as well. An example is the Documents component. Users can view documents for certain timeframes in the past (1 week, 12 months, etc.). They can also filter to just view documents authored by them, documents by encounter, etc.

Documents (7) + All Visits Last 18 months Last 1 weeks Last 12 months Last 24 hours ⌵ ↻

Display: Facility defined view Change Filter... Last 50 Notes My Notes Only Group by Encounter

| Time of Service                 | Subject                  | Note Type               | Author             | Last Updated       | Last Updated By    |
|---------------------------------|--------------------------|-------------------------|--------------------|--------------------|--------------------|
| ▼ In Progress (2)               |                          |                         |                    |                    |                    |
| DEC 15, 2021 14:51              | Daily Progress / SOAP... | Physician Progress Note | Test, Hospitalist, | DEC 15, 2021 15:04 | Test, Hospitalist, |
| SEP 14, 2021 15:30              | Daily Progress / SOAP... | Physician Progress Note | Test, Hospitalist, | SEP 14, 2021 15:30 | Test, Hospitalist, |
| ▼ Inpatient - 06 - 09/14/21 (1) |                          |                         |                    |                    |                    |
| SEP 14, 2021 15:22              | Daily Progress / SOAP... | Physician Progress Note | Test, Hospitalist, | SEP 14, 2021 15:22 | Test, Hospitalist, |
| ▼ Inpatient - 1 - 07/05/21 (4)  |                          |                         |                    |                    |                    |
| DEC 02, 2021 12:01              | Daily Progress / SOAP... | Physician Progress...   | Test, Hospitalist, | DEC 02, 2021 12:13 | Test, Hospitalist, |
| SEP 14, 2021 15:06              | Daily Progress / SOAP... | Physician Progress Note | Test, Hospitalist, | SEP 14, 2021 15:07 | Test, Hospitalist, |

## Toggle between table and flowsheet view.

Some components contain options to allow for different display views. An example can be found on the Vital Signs component. The end user can toggle between table and flowsheet views (iVIEW).

Vital Signs + ⌵ All Visits Last 7 days Last 2 weeks Last 24 hours Last 3 months ⌵ ⌂ ↻

|                            | Today<br>09:10 | 06:00    | 04:00    | 02:15    |
|----------------------------|----------------|----------|----------|----------|
| Temp degC                  | 36.4           | 35.9     | 36.0     | 36.2     |
| Peripheral Pulse Rate bpm  | 85             | 78       | 76       | 80       |
| BP mmHg                    | 118 / 68       | 120 / 90 | 122 / 80 | 130 / 85 |
| HR bpm                     | 85             | 78       | 76       | 80       |
| Respiratory Rate br/min    | 18             | 18       | 20       | 16       |
| SpO2 Saturation %          | 98             | 99       | 98       | 100      |
| Blood Glucose Ca... mmol/L | 4.6            | 5.2      | --       | --       |

Table view

Vital Signs + ⌵ All Visits Last 7 days Last 2 weeks Last 24 hours Last 3 months ⌵ ⌂ ↻



|                           | Latest                         | Previous                       |                                |                                |
|---------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Temp degC                 | 36.4<br>DEC 16, 2021 09:10     | 35.9<br>DEC 16, 2021 06:00     | 36.0<br>DEC 16, 2021 04:00     | 36.2<br>DEC 16, 2021 02:15     |
| Peripheral Pulse Rate bpm | 85<br>DEC 16, 2021 09:10       | 78<br>DEC 16, 2021 06:00       | 76<br>DEC 16, 2021 04:00       | 80<br>DEC 16, 2021 02:15       |
| BP mmHg                   | 118 / 68<br>DEC 16, 2021 09:10 | 120 / 90<br>DEC 16, 2021 06:00 | 122 / 80<br>DEC 16, 2021 04:00 | 130 / 85<br>DEC 16, 2021 02:15 |
| HR bpm                    | 85<br>DEC 16, 2021 09:10       | 78<br>DEC 16, 2021 06:00       | 76<br>DEC 16, 2021 04:00       | 80<br>DEC 16, 2021 02:15       |
| Respiratory Rate br/min   | 18<br>DEC 16, 2021 09:10       | 18<br>DEC 16, 2021 06:00       | 20<br>DEC 16, 2021 04:00       | 16<br>DEC 16, 2021 02:15       |
| SpO2 Saturation           | 98                             | 99                             | 98                             | 100                            |

Flowsheet view (iVIEW)

## Refreshing individual components

Some components also have a refresh option that can be used to update the content to the most current. For example, if you know that a CBC result is pending on a patient, but you do not see it posted, you can refresh the Lab component, and if processed, the result will display.

Labs

All Visits | Last 1 months | Last 12 months | Last 2 years | Last 2 weeks |  

Display: Gen Lab | [Change Inter...](#)

|                                  | Today<br>09:10 | 06:00 | SEP 10, 2021<br>14:05 | JUL 07, 2021<br>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                   | --                    |

## Document review

You can review documents in the Document component by clicking on the document name and a window will pop up which allows you to view the content.

Patient Summary | Quick Orders | Shift Summary | Resus Order Details | Discharge Summary

### Subjective/History of Present Illness

History and Physical

History and Physical (Auth (Verified)) | Author; Contributor(s): Test, CPOE Physician, MD

Last Updated: SEP 08, 2021 10:22 | Last Updated By: Test, CPOE Physician, MD

SOCIAL HISTORY: EMR 17 is very active child and enjoys playing in parks, soccer, and swimming. She enjoys school and does well academically. H

EXAMINATION: Point of care glucose today was normal with normal heart sounds, no murmur, radial pulses palpable and equal. She had good air entry bilaterally with normal lung sounds and no crackles/wheeze. Her abdomen was soft and nontender. There was no hepatosplenomegaly. She had normal patellar reflexes and there was no obvious erythematous or swollen joints.

In summary, EMR 17 is female that presented with polydipsia and polyuria yesterday after a month history of the same. She is otherwise well and a diagnosis of type 2 diabetes is suspected. Blood work to follow.

PLAN:

1. No immediate need for admission/management.

Documents (3)

| Time of Service    | Subject                      | Note Type    |
|--------------------|------------------------------|--------------|
| ▼ In Progress (1)  |                              |              |
| DEC 15, 2021 16:00 | Daily Progress / SOAP Not... | Physician P  |
| ▼ Completed (2)    |                              |              |
| SEP 23, 2021 00:00 | Consultation Note -NEC       | Consultation |
| SEP 08, 2021 10:22 | History and Physical         | History and  |

## Lab Reports

Lab reports also function in a similar fashion. The Microbiology and Pathology components each contain lab reports based on the filters chosen. Click on the title of the report, and the document will open for viewing.

The screenshot shows two main sections: Microbiology (9) and Pathology (100). The Microbiology section lists various culture types with 'REVIEW' status. A red arrow points from the 'Throat Culture' link to a pop-up window titled 'Microbiology Result Details - ZZTEST, EMR 15 - 03081...'. The pop-up window displays the following information:

- Throat Culture - Accession: 000002021340000021**
- Result Status - Modified**
- Micro Reports** | Specimen | Action List
- Amend - 2021-Dec-13 12:12 -**  
Anaerobic Gram positive organisms are generally susceptible to penicillin and carbapenems. Susceptibility to metronidazole and clindamycin can be variable.
- Susceptibility testing is limited for anaerobic organisms. See antibiogram at**  
<https://src.healthpei.ca/microbiology> for more information. If further direction is required, please consult Infectious Diseases.
- Final - 2021-Dec-06 14:37 -**  
Negative

The Pathology section lists various report types, including 'Preliminary Report', 'Surgical Pathology Final Report', 'Addendum Report', and 'Surgical Pathology Final Report'.

## Diagnostic Imaging

The Diagnostic Imaging component is organized into sections that each display links to reports based on the test ordered.

| Diagnostic Imaging (1)           |                 |                    |  |                    | All Visits      | Last 1 months | Last 12 months | Last 18 months | Last 2 years |  |
|----------------------------------|-----------------|--------------------|--|--------------------|-----------------|---------------|----------------|----------------|--------------|--|
| 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 report is a link to the radiology report and will open.

The screenshot shows a diagnostic report titled 'US Abdomen' with the following details:

- ZZTEST, MPAGETSTONE** | Male | 25 years | DOB: 1996-May-30
- \* 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, QEH, Inpatient, 2021-Jul-05 -
- Contributor system: IDXRAD

## Medications

The Home Medications component displays a list of the current home medications and the status of the medication documentation. The various stages of reconciliation can also be completed from this component by using the links provided.

**When transferring a patient from one acute facility to another intra-provincially, the Hospital-to-Hospital Medication Reconciliation must be completed through the “Orders Page” - NOT from the M pages.**

Home Medications (3) + All Visits ↻ ≡

Status: ✓ Meds History | ! Admission | In Hospital Transfer | ! Discharge | [View Details](#)

| Medication  | Compliance | Supply... | Responsible Provider |
|---|------------|-----------|----------------------|
| candesartan<br>8 mg, Oral, Daily                        | --         | --        | --                   |
| hydrochlorothiazide (Hydrodiuril)<br>25 mg, Oral, Daily | --         | --        | --                   |
| levothyroxine (Synthroid)<br>125 mcg, Oral, Daily       | --         | --        | --                   |

Document History: Completed by Test, Nurse, RN on DEC 16, 2021 at 12:37 | [Sign](#)

## Order Entry

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.

New Order Entry + ↻

[All Orders](#) | [Discharge Meds as Rx](#) |  × 🔍

[Home](#) | [Favorites](#) | [Public](#) | [Search Results](#)

Top 19 Matches

|   |  |  |
|---|--|--|
| digoxin ☆                                   | digoxin immune FAB<br>1 vial(s), IV, Injection, Once ☆ |  |
| digoxin<br>0.0625 mg, Oral, Tab, Daily ☆    | digoxin immune FAB<br>2 vial(s), IV, Injection, Once ☆ |  |
| digoxin<br>0.125 mg, Oral, Tab, Daily ☆     | digoxin immune FAB<br>3 vial(s), IV, Injection, Once ☆ |  |
| digoxin<br>0.125 mg, IV, Injection, Daily ☆ | digoxin immune FAB<br>4 vial(s), IV, Injection, Once ☆ |  |
| digoxin                                     | digoxin immune FAB                                     |  |

You can also access your Favorites folder here as well.

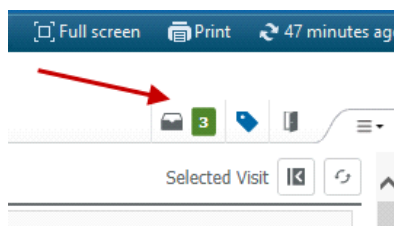
New Order Entry

[All Orders](#) | [Discharge Meds as Rx](#) |

[Home](#) | [Favorites](#) | [Public](#)

Top 33 Matches

A small green icon with the number of orders selected will appear in the upper right corner of the screen.



Click on the green icon and a box will appear that contains all the orders & sentences you selected on the component. The orders can be removed, modified, or signed.

Orders for Signature

List View

Association View

Laboratory (1)

CBC w/ Auto Diff

Routine collect, Start: 2025-Jul-24 13:40 ADT, ASAP = Label prints on order. Results are NON URGENT

Remove

PowerPlans (1)

PEDS Asthma Admit

Remove


















Sign

Save

Modify Details

Cancel

Any newly signed orders will appear, along with other current and active orders, on the Order Profile component. This component will display orders for the current patient encounter.

| 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 Physi...   |  |
|  | 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 allow you to enter notations while you are 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

These components allow you to add text that will eventually become part of the note you will create (i.e., pediatrician consults, ambulatory clinic consults, pediatric discharges, and physician progress notes). The components can be viewed where they are among the other mPage components, or they can be moved to the far right of the screen where they are always visible and require less scrolling to locate them.

## Contextual View of Text boxes

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

Selected Visit [Icon]

Documents (9) [+] All Visits Last 18 months Last 1 weeks Last 12 months Last 24 hours [v]

Home Medications (2) [+] All Visits [v]

Status: [Meds History] [Admission] [In Hospital Transfer] [Discharge] [View Details]

| Medication  | Compliance | Supp... | Responsible Provi... |
|---|------------|---------|----------------------|
| ibuprofen (Advil)<br>100 mg, Oral, QID, PRN: Fever    | --         | --      | --                   |
| lorazepam (Ativan)<br>0.5 mg, Oral, BID, PRN: Anxiety | --         | --      | --                   |

Document History: Incomplete Complete History Sign

New Order Entry [+] [v]

All Orders Discharge Meds as Rx Search New Order Results [q]

Home Favorites Public

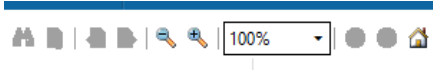
| Matrix CPOE Physician Root  |                               |
|-----------------------------|-------------------------------|
| Admit Orders/Powerplans     | Diagnostic Tests              |
| Transfer Orders/Powerplans  | Communication Orders          |
| Discharge Orders/Powerplans | PowerPlans                    |
| Medications                 | Continue Medications as in ED |
| IV Fluids                   |                               |
| Laboratory (CPOE)           |                               |

Subjective/History of Present Illness Selected Visit [Icon]

Objective/Physical Exam Selected Visit [Icon]

Hospital Course Selected Visit [Icon]

If you do not see the option to toggle on contextual view, try lowering your magnification from 100% to 90% or by unpinning your blue menu so it is hidden to the left.



The text you enter in each component will disappear from the component when you create your note, so they are primarily used for single-note creation.

The Hospital Course component will retain the information you enter throughout the patient's stay and will remain until the current encounter is discharged electronically.

Text entered in "hospital course" remains on patient's chart regardless of whether patient is transferred between providers during an encounter.

A screenshot of the 'Hospital Course' form. At the top, it says 'Hospital Course' and 'Selected Visit' with a refresh icon. Below this, there are two dropdown menus: one for 'Tahoma' and another for '9'. A rich text editor toolbar is visible with icons for cut, copy, paste, bold, italic, underline, text color, and bulleted list. The text area contains three lines of clinical notes: 'Dec 18/21 - Pt admitted with left calf pain and localized redness & edema.', 'Dec 19/21 - Patient reported feeling anxious at bedtime last night and unable to settle for sleep.', and 'Dec 20/21 - US and imaging negative for vascular issues. Blood cultures sent. No fever but elevated discomfort in left lower leg.' A 'Save' button is located at the bottom right of the form.

## Tagging

The Workflow mPage allows the end-user to select certain 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 from clinical documents and radiology reports 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. See screen shots below.

The screenshot shows the 'Vital Signs' and 'Labs' sections of a medical interface. In the 'Vital Signs' section, there is a '+ v' button, 'All Visits', 'Last 7 days', and a 'Tag' button (highlighted with a red box). A red arrow points from the 'Tag' button to the 'PT' lab value '15.0 sec(s)' in the 'Labs' section. The 'Labs' section shows a table with columns for date, time, and lab results. The 'PT' result is highlighted in green.

|                                  | DEC 16, 2021<br>10:40 | 09:10 |
|----------------------------------|-----------------------|-------|
| ▼ Coagulation                    |                       |       |
| PT                               | sec(s) 15.0           | --    |
| INR                              | 1.2                   | --    |
| ▼ Ungrouped Nonsequenced Results |                       |       |
| Blood Glucose Ca...              | mmol/L --             | 4.6   |

## Tagging Lab Values

Select a lab value from the Lab component. The result view window will open and a Tag option will appear in the upper left of the screen. Click Tag and the value will be pulled into the note template when you launch it later.

To tag multiple lab values at once, press the Ctrl key on the keyboard while selecting values. The tag button will change to display the number of values selected. Clicking Tag will pull all of the selected values into your note.

The screenshot shows the 'Lab' section with a table of results. A yellow box highlights the 'Tag (5)' button. The '5 results selected' message is displayed above the list of results. The table shows results for 'JUL 14, 2021 20:59' and '14:57'. The results are listed in two columns, with the first column highlighted in blue.

| JUL 14, 2021<br>20:59 | 14:57 |
|-----------------------|-------|
| 13.0                  | 12.0  |
| 9.0                   | 9.0   |
| 4.6                   | 4.6   |
| 36.0                  | 36.0  |
| 96.4                  | 96.5  |
| 31.0                  | 29.6  |

## Tagging Text From Clinical Documents

Open the document and select text within the document that you would like to have available on the clipboard later when you are creating a note. Once you have text selected (highlighted), a Tag option will appear. Click on Tag to save the highlighted text to the clipboard.

## Tagging Text From Radiology Reports

Open a radiology report, highlight text and click on the Tag option that appears.

**ZZTEST, MPAGETESTONE**    **Male**    **25 years**    **DOB:1996-May-30**


**\* Final Report \***

**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

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, QEH, Inpatient, 2021-Jul-05 -  
Contributor system: IDXRAD

 Tag  
Tag selected

## Creating A Clinical Note Using Dynamic Documentation

Along the bottom of the mPage menu are links to documentation templates. The template links will launch the most used document templates. Scroll through the mPage and tag applicable lab results, text from clinical notes and a radiology report (if available).

Specific note types such as History and Physical, Consults, Discharge Summaries,

Physician progress, and other notes types relevant to your practice will auto-populate documented information to your note from the chart and freetext components.

Create Note

Pediatric Consult

Pediatric Discharge

Physician Progress

Ambulatory Consult

Select Other Note

Tahoma

9

🔍 📄 🗑️ 🔍 ↩️ ➡️

**B** *I* U **S** A-

🔗 🔗 🔗 🔗 🔗

**Consult Reason**

---

**Problem List/Past Medical History**

Ongoing

- Appendectomy
- Chronic congestive heart failure

Historical

- Gall bladder
- Gout

**Procedure/Surgical History**

- Diabetes clinic (02/10/2024)

**History of Present Illness**

---

**Review of Systems**

---

**Physical Exam**

Vitals & Measurements

---

**Assessment and Plan**

---

[\\*\\*Confirm Copies to on Sign/Submit Note section\\*\\*](#)

**Copies to:**

**Medications**

Inpatient

- metoprolol, 12.5 mg, Oral, Daily
- ramipril, 2.5 mg, Oral, Daily
- Tylenol chewtabs, 400 mg, 10 mg/kg, Oral, q6h timed, PRN

Home

- ramipril, 2.5 mg, Oral, Daily

**Immunizations**

---

**Allergies**

- penicillin
- Bee Stings

**Social History**

Alcohol

Alcohol Use: Current. Type: Liquor. Frequency: Weekly.

Tobacco/Vaping

Exposure to Tobacco Smoke: Patient smokes. Use per day: 30-34 cigarettes/day.

**Family History**

Aneurysm.: Mother.

**Lab Results**

No qualifying data available.

**Diagnostic Results**

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

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...

Ta

**Su**  
**Pt** a  
  
**R**  
  
**Ob**  
**Vi**  
**Pl**

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

## Diagnosis

### 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 | 4.6 mmol/L         | 12/16/2021 09:10 AST |

Information you recorded in the freetext components on the mPage will appear under 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](#)

You can drag the tagged text from the clipboard into sections of the note (see below).

Click here

Drag to here

The tagged text will appear in your note. A footnote will be created along the

bottom of the page indicating the original author/source and date & time it was created.

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

Adding custom text to the note is easy. Click within a section and use the keyboard or Dragon to enter your documentation.

A

Assessment/Plan

Diagnoses

Lab Results

| Test Name | Test Result        |
|-----------|--------------------|
| PT        | 15.0 sec(s) (High) |
| TNR       | 1.2 (Hinh)         |

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.

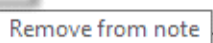
HTN: BP 180s/100s initially, decreased to 140s/90s during ED course. Continue home amlodipine 10 daily and labetalol 100 BID.

Diagnoses

You can remove a section from a note by clicking on the X beside the title.

Diabetes Mellitus. Given the patient's glucose of 519 and HbA1c occasionally misses doses. Repeat HbA1c. Continue home Lan HTN: BP 180s/100s initially, decreased to 140s/90s during ED

**Diagnoses** 

**Lab Results**  Remove from note

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

Example of a completed note template.

**Daily Progress / SOAP Note** X List

Tahoma

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

**Review of Systems**  
 Vitals - stable  
 Chest - clear to bases  
 Abdomen - nontender  
 Cardiovascular - pulse regular, no bruits noted, peripheral pulses present, no pedal edema, hx of intermittent sternal fb (ablated 2017)  
 Gastrointestinal - bowel sounds present, reg diet

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

**Diagnostic Results**  
 US Abdomen  
 Resulting CT US exam TEST

**Assessment/Plan**  
 Vascular/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 Lanus 25 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.

| 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 |

Interpreting Radiologist: ENRIGHT, THOMAS  
 Exam Date: 2021-DEC-20 11:23  
 Results Verified Date: 2021-DEC-20 11:28  
 Accession: 3402793  
 Ordering Provider: HOSPITALIST, A  
 Attending Physician: HOSPITALIST, A  
 Family Physician: HOSMAN, LAURA M D

Note Details: Physician Progress Note, Test, Hospitalist, 2021-Dec-21 15:11 AST, Daily Progress / SOAP Note


Sign/Submit Save Save & Close Cancel

The note can be saved for later use or signed. These buttons are found along the bottom of the documentation screen.

Sign/Submit Save Save & Close Cancel

## Review Note Type

Once sign / submit is selected, from the body of the note, a new window will open. From this window, you can review the note type. The note type should default correctly (i.e a Progress Note template will default with Physician Progress Note as the type. Change the title of the note if necessary.

 Sign/Submit Note

\*Type:  
 Pediatrics Consultation

\*Author:  
 Test, Pediatrician, MD

Note Type List Filter:  
 All

Title:  
 Pediatric Consult Template

Forward Options



## Distribution of Provider DynDoc notes

|                       | History and Physical  | Consult   | Ambulatory Consult  | Discharge Summary   |
|-----------------------|---|---|---|---|
| Telus EHR             | Automatic   | Automatic   | Automatic   | Automatic   |
| Family physician      | Automatic   | Automatic   | Automatic   | Automatic   |
| Author                |   | Automatic   | Automatic   |   |
| Additional recipients | If typed into “copies to” and added to the “recipient” area | If typed into “copies to” and added to the “recipient” area | If typed into “copies to” and added to the “recipient” area | If typed into “copies to” and added to the “recipient” area |

The provider you have manually listed in the “copies to” section in the main body of the note *should match* the list of recipients. Once sign / submit is selected, from the body of the note, a new window will open. Recipients are entered in this window by searching and selecting providers from the “provider name search” box. Favorites can be added to a list by selecting the star icon.

The only exception to having the “copies to” list and the “recipients” list match, would be the family doctor. There is no need to add the family doctor in the recipients as they are automatically a recipient.

Assessment and Plan

**\*\*Confirm Copies to on Sign/Submit Note section\*\***

**Copies to:** Dr Family doc, Dr. Gamester, Dr. Bylhouwer, Dr. Trainor, Dr. IWK

\*Type: Pediatrics Consultation  
 \*Author: Test, Pediatrician, MD  
 Note Type List Filter: All  
 Title: Pediatric Consult Template  
 \*Date of Service: 2025-Jul-29 1351 ADT

Forward Options

Provider Name Search

Contacts

| Default                             | Name   |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Austin, Heather A, MD<br>Unspecified - ED Physician                  |
| <input checked="" type="checkbox"/> | Barry, Ryan,<br>Database Coordinator - DBA                           |
| <input checked="" type="checkbox"/> | Brown, Spencer S, MD<br>Unspecified - ED Physician                   |
| <input checked="" type="checkbox"/> | Chan, Jason C, MD<br>Unspecified - ED Physician                      |
| <input checked="" type="checkbox"/> | Extra, Copy,<br>Unspecified - Physician                              |
| <input checked="" type="checkbox"/> | IWK - Cytogenetics, . Fax 902-470-8082,<br>Unspecified -             |
| <input checked="" type="checkbox"/> | IWK - Oncology-Hematology, . Fax-470-7208,<br>Unspecified - Provider |
| <input checked="" type="checkbox"/> | Sansom, Teryl N, MD<br>Unspecified - Pediatrician                    |

Recipients

| Default                             | Name  | Comment | Sign                  | Review/CC                        |
|-------------------------------------|---|---------|-----------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Bylhouwer, Amy L, RN<br>Unspecified - Nurse                     |         | <input type="radio"/> | <input checked="" type="radio"/> |
| <input checked="" type="checkbox"/> | Gamester, Colin A, RN<br>Unspecified - Nurse                    |         | <input type="radio"/> | <input checked="" type="radio"/> |
| <input checked="" type="checkbox"/> | IWK - Immunology, . Fax 902 470-7812,<br>Unspecified - Provider |         | <input type="radio"/> | <input checked="" type="radio"/> |
| <input checked="" type="checkbox"/> | Trainor, Carson J, RN<br>Unspecified - OBGYN Nurse              |         | <input type="radio"/> | <input checked="" type="radio"/> |

## Sending reports to out-of-province providers

When sending a copy of a note to an out-of-province provider, search for the receiving physician, facility or department in the “provider name search”. For example, typing “IWK” or “Moncton” in the search bar will pull up lists of possible recipients. If the recipient is not listed, choose “EXTRA, COPY” as the name of the recipient and in the comment box, type the name of the recipient, fax # and location.

Provider Name Search

Recipients

| Default                             | Name   | Comment                  | Sign                  | Review/CC                        |
|-------------------------------------|--|--------------------------|-----------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Extra, Copy,<br>Unspecified - Physician                        | IWK - Shields, Allie, MD | <input type="radio"/> | <input checked="" type="radio"/> |
| <input checked="" type="checkbox"/> | IWK - Neurology, . Fax 902 470 8486,<br>Unspecified - Provider |                          | <input type="radio"/> | <input checked="" type="radio"/> |

In the "extra copy" comment - please list the location, name and credentials of the provider.

## Example of the final note.

### **Consult Reason**

Patient consulted for ongoing headaches

### **Problem List/Past Medical History**

#### **Ongoing**

Appendectomy  
Chronic congestive heart failure

#### **Historical**

Gall bladder  
Gout

### **Procedure/Surgical History**

- Diabetes clinic (02/10/2024)

### **History of Present Illness**

13-year-old patient presents with a two-week history of intermittent frontal headaches. Headaches occur several times per week, typically in the afternoon, and are described as dull and mild to moderate in intensity. Episodes are occasionally associated with nausea and light sensitivity. No vomiting, visual changes, or aura reported. Over-the-counter analgesics provide partial relief. No recent illness, trauma, or known triggers. Sleep and concentration have been mildly affected. No significant family history of migraines or neurological conditions.

### **Review of Systems**

General: No fever, chills, or weight changes reported.

HEENT: Headaches are frontal and recurrent; no visual disturbances, photophobia noted during episodes; no hearing loss, ear pain, or nasal congestion.

Cardiovascular: Denies chest pain, palpitations, or syncope.

Respiratory: No cough, wheezing, or shortness of breath.

Gastrointestinal: Occasional nausea with headaches; no vomiting, diarrhea, or constipation.

Genitourinary: No dysuria, hematuria, or urinary frequency.

Musculoskeletal: No joint pain, stiffness, or muscle weakness.

Neurological: No seizures, numbness, or focal deficits; endorses difficulty concentrating during headache episodes.

Psychiatric: Mood is stable; mild sleep disturbances reported.

Skin: No rashes, lesions, or changes in skin integrity.

### **Assessment and Plan**

Likely Diagnosis: Tension-Type Headache

Headache characteristics (frontal, dull, afternoon onset, no aura) and normal neurological exam suggest a primary headache, most consistent with tension-type. No red flags for secondary causes (e.g., trauma, seizures, focal deficits).

#### **Lifestyle Modifications**

Encourage regular hydration, sleep hygiene, and reduced screen time.

Recommend keeping a headache diary to identify potential triggers and patterns.

#### **Symptomatic Treatment**

Continue use of OTC analgesics such as ibuprofen or acetaminophen as needed, not exceeding recommended dosing.

Consider non-pharmacologic options like relaxation techniques or cold compresses.

#### **Follow-Up and Monitoring**

Schedule follow-up in 4–6 weeks to reassess frequency, severity, and response to interventions.

Refer to pediatric neurology if headaches worsen, become more frequent, or new symptoms emerge.

### **Medications**

#### **Inpatient**

metoprolol, 12.5 mg, Oral, Daily  
ramipril, 2.5 mg, Oral, Daily  
Tylenol chewtabs, 400 mg, 10 mg/kg,  
Oral, q6h timed, PRN  
Tylenol chewtabs, 400 mg, 10 mg/kg,  
Oral, q4h timed, PRN

#### **Home**

ramipril, 2.5 mg, Oral, Daily

### **Allergies**

penicillin

Bee Stings

### **Social History**

#### **Alcohol**

Alcohol Use: Current. Type: Liquor.  
Frequency: Weekly.

#### **Tobacco/Vaping**

Exposure to Tobacco Smoke: Patient  
smokes. Use per day: 30-34  
cigarettes/day.

### **Family History**

**Aneurysm.:** Mother.

### **Lab Results**

No qualifying data available.