Managing Templates in a Medical Office's EMR

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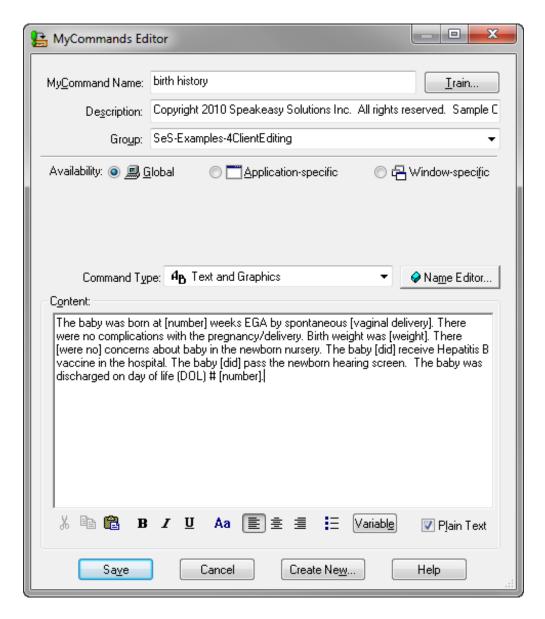
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In the latest newsletter from <u>Canadian EMR</u>, the following article was included. This is excellent advice for medical practitioners, but I would like to add a few remarks of my own.

In the context of this article, templates refers to boilerplate text, also known as repetitious text. Such repetitious text can be incorporated into Microsoft Word templates, but with respect to EMRs, these text templates may be available within the EMR, or in conjunction with Dragon@Medical as a voice command.



If you're using Dragon@Medical, the voice command of boilerplate text can also contain variables or fields that can be populated (i.e. exam results with placeholders for values specific to the patient). The advantage of using Dragon@Medical's text commands with voice fields, is that the field can be populated with a default value (which is very obvious to see in text form, and difficult to overlook), or a simple instructional as to what needs to be dictated at that point. These fields can be quickly toggled through by way of a voice command, keyboard shortcut, or a button on the Philips SpeechMike.



Some EMRs charge for adding every boilerplate text template into a doctor's EMR solution. This may become quite costly. However, creating such templates yourself within Dragon® Medical is quick, easy and effective. Edit these commands any time, and add new ones at your whim.

If you wish to share your Dragon voice command templates with your colleagues, merely export the commands for them to import into their own user profile.

From Canadian EMR – Best Practices in Managing Templates

Depending on your style of practice, templates can be an important consideration when selecting an EMR. You should ask yourself the following questions:

- Do you want to be able to design or customize your own templates?
- Will you need to be able to share templates with other members of your practice?
- How many templates do you think you will require?

Generally, the more diverse your practice, the more templates you will potentially require. For example, if you limit your practice to pediatric attention deficit disorder, you may require just a handful of templates, whereas a broad-based general practice or internal medicine practice can require 100 templates or more.

The reason for asking this question is that there are cost and complexity implications. If the EMR that you select provides a library of pre-built templates, but requires your vendor to build new templates for you, it can become very costly. If you are not technically very savvy, you may elect to go this route, but realize that even small changes to a template can have associated costs.

Consider the following when using templates:

- There are a number of different ways to create templates. A more traditional approach is to define which data you would like to collect through your EMR and then use a set of tools to lay out the data fields before saving as a template. Some EMRs allow users to create templates "on the fly". This means that as the clinician uses the EMR during the clinical encounter, the SOAP notes, medical treatment, and default values can simply be saved at the end of the encounter as a template for a specific examination or condition.
- If you develop a library of templates for your practice or to share with other clinicians, make sure that you have a standard naming convention in place. This is particularly important if the EMR allows you to easily create your own templates. For example, if there are multiple templates for the same condition with different names (e.g. CKD, Renal Failure, Kidney Failure) you will not be able to query the EMR for consistent information if data is not recorded in a consistent manner.
- Templates can either be started blank or can be pre-populated with data. There are some advantages to pre-populating certain templates and then deleting the data that is not relevant before saving the encounter, as it can significantly speed up documentation. A good example is a simple urinary tract infection. Pre-loading the standard symptoms, investigations, and treatment can shave minutes off the encounter; however, be very careful how you pre-load data. It is not a good idea to have standard default values pre-loaded in a yearly complete physical. Unless you go through each symptom and question, you may be tempted to leave the default values checked. From a medical-legal perspective this is not a good practice, as all of your encounters will look exactly the same to the trained eye and you will have great difficulty proving that you actually completed everything documented in the encounter.

Assistance with Dragon® Medical & Templates

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