

Centricity Upgrade to CCC 8.3.7

We are excited to offer the latest version of the CCC (Clinical Content Consultants) forms available in Centricity. Upgrade to the new version was completed on Saturday January 19th, 2008.

There are only minor technical changes to the CCC core forms (HPI, PMH, FH/SH, ROS and PE). The bulk of the upgrade is the addition of new templates that will be explored with each clinic's EMR champion following the upgrade and some "behind the scenes" fixes to existing forms.

Listed below are highlights of the functionality changes.

1. CPOE – (Assessment/Plan)

- This form will include the assessment status for all existing problems on the CPOE screen. This negates the need to go to the original problem list and document any assessment change.

REMINDER: Click the "commit assessment" button when documentation is completed.

- CPOE now includes a

power button to direct the refill form.

- CPOE A&P Addendum form allows the user to document an additional 12 problems.

2. Diabetes Q&A form. Documentation of diabetic foot exam now includes values for assessment of the nails as well as indicating that shoes/socks were not on during the exam.

Nails:	Left	Right
Foot	normal	normal
Diabetes Management Exam: Foot Exam (with socks and/or shoes not present): Sensory-Pinrick/l inht touch		
		Nails: Left foot: normal Right foot: normal

3. **Preventive Care Screening form** – now allows for customization by specialty. Customization will be offered by your EMR implementer.

Preventive Care Screening-CCC: BRIAN ADULT TEST, ADULT

Orders | **Screening-1** | Screening-2

Select Specialty: **Family Medicine** [v] [Clear All Fields] [Go to Flowsheet] [View All]

Current View Based on Protocol-Specific Information Add Prior Values to Note [?] **Next** Load

Test Name	Results	Date	Previous Value	Full View	Next Due	Due Date	Form
Cholesterol	[v]	[c]	111 (06/06/2007)	FV	[v]		L
Flu Vaccine	[v]	[c]	done (11/04/2006)	FV	[v]	no obs	L
Pneumovacc	[v]	[c]	done (06/01/2007)	FV	[v]		L
HgbA1C	[v]	[c]	7.3 (02/01/2006)	FV	[v]		L
LDL	[v]	[c]		FV	[v]	no obs	L
Microalbumin Cr Ratio	[v]	[c]		FV	[v]	no obs	L
Diabetic Foot Exam	[v]	[c]	yes (06/25/2007)	FV	[v]	no obs	L
Diabetic Eye Exam	[v]	[c]	normal (05/09/2006)	FV	[v]	no obs	L

4. **New form – Expanded History form.** Clinicians can create customized intake history forms for specific conditions. This multi-tab form allows for both drop down and list box customization. Customization will be offered by your EMR implementer.

Expanded History Form-2-CCC: BRIAN ADULT TEST, ADULT

Hx-1 | Hx-2 | Hx-3 | Hx-4 | Hx-5 | Other Hx

Diabetes Self-Management Program [Remove Text] Select History: Diabetes Self-Management Program [v] [Insert Prior Values] [Clear]

The following tabs require evaluation: Hx-1, Hx-3

Rockwood Clinic	Teaching & Education Checklist
Date of Referral: [v]	Exercise Benefits: [v]
Education provided to: [v]	Exercise Frequency: [v]
Time spent educating this session: [v]	BG Monitoring Frequency: [v]
Possible barriers to learning: [v]	BG Monitoring Documentation: [v]
Number of years of school completed: [v]	BG Monitoring Target BS: [v]
Current major stressors: [v]	BG Monitoring Assessing Results: [v]
Type of Diabetes: [v]	Insulin Regime: [v]
Date of Diagnosis: [v]	Hyperglycemia Causes: [v]
Enrolled in D.E.P.: [v]	Self Care Card: [v]
Last visit with D.E.P. (today's date): [v]	HgBA1c Target: [v]
Monitoring Home BS: [v]	Comorbidities: [v]
Type of monitor: [v]	Nutrition & Exercise Effects: [v]
Fasting BS: [v]	Coping/Stress: [v]
Lunch BS: [v]	CHO Counting: [v]
Dinner BS: [v]	Plate Method: [v]
Bedtime BS: [v]	Stage of readiness-Nutrition: [v]
Received order to adjust insulin on: [v]	Stage of readiness-Monitoring: [v]
Short Acting Insulin: [v]	Stage of readiness-Exercise: [v]
Longer Acting Insulin: [v]	Smoking Cessation: [v]
Sliding Scale: [v]	Breakfast Sample Menu: [v]
	Lunch Sample Menu: [v]
	Dinner Sample Menu: [v]

Expanded History Form-2-CCC: BRIAN ADULT TEST, ADULT

Hx-1 | Hx-2 | **Hx-3** | Hx-4 | Hx-5 | Other Hx

The following tabs require evaluation: Hx-1, Hx-3

Dietary Compliance	Monitoring BS	Exercise Compliance	Type of Exercise
<input type="checkbox"/> excellent <input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor <input type="checkbox"/> intermittent	<input type="checkbox"/> none of the time <input type="checkbox"/> fasting <input type="checkbox"/> pre-lunch <input type="checkbox"/> post lunch <input type="checkbox"/> pre-dinner <input type="checkbox"/> post-dinner	<input type="checkbox"/> daily <input type="checkbox"/> once a week <input type="checkbox"/> twice a week <input type="checkbox"/> three times a week <input type="checkbox"/> four times a week <input type="checkbox"/> five times a week	<input type="checkbox"/> walking <input type="checkbox"/> jogging <input type="checkbox"/> biking <input type="checkbox"/> swimming <input type="checkbox"/> weight training <input type="checkbox"/> pilates
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duration of Exercise			
<input type="checkbox"/> less than 10 minutes <input type="checkbox"/> 10 minutes <input type="checkbox"/> 20 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/> 40 minutes <input type="checkbox"/> 45 minutes			
<input type="text"/>			