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Contact our Service Desk at 877-772-2814 to find out
how!*



PatientKeeper®

**Electronic Health Record and
Chart Completion Training
for Providers**

HCA 
Healthcare™

West Florida
Division



Deficiency Worklist

Options Help

Deficiency Types

- ▶ Signature 64
- Dictation 1
- Missing Text 2

Deficiency Worklists

- ▶ ALSTON, TONY

Signature Deficiencies For ALSTON, TONY

Total encounters: 63

<input checked="" type="checkbox"/>	Status ▼	Deficiency Document	Patient	MRN	Encounter	Facility	Discharged	Reason
<input type="checkbox"/>	Incomplete	OPERATIVE REPORT H	ARNOLD, SAMMY	D000000180	D00000001829	COCHCA1 - Frist Medical Center	07/02/2009 12:25 PM	SIGNATURE
<input type="checkbox"/>	Incomplete	OPERATIVE REPORT H	MCMANUS, CHARLIE	D000000184	D00000001863	COCHCA1 - Frist Medical Center	07/02/2009 01:34 PM	SIGNATURE
<input type="checkbox"/>	Incomplete	CONSULTATION RPT H	BEATTY, MARIANNE	D000000194	D00000001965	COCHCA1 - Frist Medical Center	07/02/2009 02:35 PM	SIGNATURE
<input type="checkbox"/>	Incomplete	OPERATIVE REPORT H	BIGGS, CATILINA	D000000204	D00000002068	COCHCA1 - Frist Medical Center	07/02/2009 03:41 PM	SIGNATURE
<input type="checkbox"/>	Incomplete	H AND P H	FERREIRA, KRISTLE	D0000002160	D00000002160	COCHCA1 - Frist Medical Center	07/06/2009 08:02 AM	SIGNATURE
<input type="checkbox"/>	Incomplete	CONSULTATION RPT H	GALLARDO, RON	D0000002217	D00000002217	COCHCA1 - Frist Medical Center	07/06/2009 08:29 AM	SIGNATURE
<input type="checkbox"/>	Incomplete	OPERATIVE REPORT H	RAMIREZ, CANDIE	D0000002342	D00000002342	COCHCA1 - Frist Medical Center	07/06/2009 03:51 PM	SIGNATURE
<input type="checkbox"/>	Incomplete	OPERATIVE REPORT H	MCMILLIAN,	D0000002433	D00000002433	COCHCA1 - Frist Medical Center	07/06/2009 05:10 PM	SIGNATURE
<input type="checkbox"/>	Incomplete	OPERATIVE REPORT H	RAMIREZ, CANDIE	D0000002524	D00000002524	COCHCA1 - Frist Medical Center	07/06/2009 06:37 PM	SIGNATURE
<input type="checkbox"/>	Incomplete	H AND P H	FERREIRA, KRISTLE	D000000259	D00000002615	COCHCA1 - Frist Medical Center	07/06/2009 08:13 PM	SIGNATURE
<input type="checkbox"/>	Incomplete	CONSULTATION RPT H	GALLARDO, RON	D000000267	D00000002693	COCHCA1 - Frist Medical Center	07/07/2009 09:45 AM	SIGNATURE
<input type="checkbox"/>	Incomplete	OPERATIVE REPORT H	RAMIREZ, CANDIE	D000000272	D00000002740	COCHCA1 - Frist Medical Center	07/07/2009 07:50 AM	SIGNATURE
<input type="checkbox"/>	Incomplete	OPERATIVE REPORT H	MCMILLIAN,	D000000274	D00000002762	COCHCA1 - Frist Medical Center	07/07/2009	SIGNATURE

Process Incompletes by selecting Process or Process All



Deficiency Worklist

Options Help

Deficiency Types

- ▶ Signature 64
- Dictation 6
- Missing Text 7

Deficiency Worklists

- ▶ ALSTON, TONY

Signature Deficiencies For ALSTON, TONY

Total encounters: 63

Process Process All Decline Print

✓	Status ▼	Deficiency Document	Patient	MRN	Encounter	Facility	Discharged	Reason
✓	Incomplete	OPERATIVE REPORT H	ARNOLD, SAMMY	D000000180	D00000001829	COCHCA1 - Frist Medical Center	07/02/2009 12:25 PM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H	MCMANUS, SHARLIE	D000000184	D00000001863	COCHCA1 - Frist Medical Center	07/02/2009 01:34 PM	SIGNATURE
✓	Incomplete	CONSULTATION RPT H	BEATTY, MARIANNE	D000000194	D00000001965	COCHCA1 - Frist Medical Center	07/02/2009 02:35 PM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H	BIG			Center	07/02/2009 03:41 PM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H	CHE			Center	07/06/2009 08:02 AM	SIGNATURE
✓	Incomplete	CONSULTATION RPT H	REE			Center	07/06/2009 08:29 AM	SIGNATURE
✓	Incomplete	CONSULTATION RPT H	DOE			Center	07/06/2009 03:51 PM	SIGNATURE
✓	Incomplete	DISCHARGE SUMMARY H	DYK			Center	07/06/2009 05:10 PM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H	ESC			Center	07/06/2009 06:37 PM	SIGNATURE
✓	Incomplete	H AND P H	FER			Center	07/06/2009 08:13 PM	SIGNATURE
✓	Incomplete	CONSULTATION RPT H	GAL			Center	07/07/2009 09:45 AM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H	RAM			Center	07/07/2009 07:50 AM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H	MCMILLIAN, DANNY	D000000274	D00000002762	COCHCA1 - Frist Medical Center	07/07/2009 07:55 AM	SIGNATURE
✓	Incomplete	CONSULTATION RPT H	AVILES, HUNTER	D000000283	D00000002853	COCHCA1 - Frist Medical Center	07/07/2009 08:27 AM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H				Center	07/07/2009 09:12 AM	SIGNATURE
✓	Incomplete	CONSULTATION RPT H				Center	07/07/2009 10:06 AM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H				Center	07/07/2009 11:10 AM	SIGNATURE
✓	Incomplete	H AND P H				Center	07/08/2009 03:22 PM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H				Center	07/08/2009 03:54 PM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H	DOSS, ANGELINE	D000000344	D00000003467	COCHCA1 - Frist Medical Center	07/08/2009 04:16 PM	SIGNATURE
✓	Incomplete	OPERATIVE REPORT H	ODELL, CHRISTY	E000000064	E00000000620	COCHCA2 - HIM Regional Hospital	07/06/2009 10:15 AM	SIGNATURE
✓	Incomplete	CONSULTATION RPT H	WILLIAMSON, CONRAD	E000000074	E00000000721	COCHCA2 - HIM Regional Hospital	07/06/2009 11:27 AM	SIGNATURE

PIN Required - Microsoft Internet Explorer

PIN Required

You must enter your Personal Identification Number in order to process signature and missing text deficiencies.

PIN:

OK Cancel

Provide PIN once per session

Chart

Bookmarks | Def. Info | Patient | Encounter
Deficiency | Documents

Deficiency (document)

M0000014985 05/02/2008
PROGRESS NOTES 8

Assigned To:
EDUCATIONMD

Reason:

Name _____ Age _____ Sex _____

Discharge Summary and Instructions
(Activity, medications, diet, follow up visit)

Findings: Fecal impaction w/ hypotension - resolved
w/ enemas / stool softeners / K+ replacement

Activity Instructions: Continue w/ ant activity

Diet: - as tolerated

Medications: added 7 stool softeners, K+ replacement x 5 days

Follow-up visit: w/ K up in 1-2 wks

Discharge Diagnosis Fecal impaction / constipation

Physician Signature _____ Date _____ Time _____

Chart copy

Review and then
Click Complete

BECERRA, JULIO
DOB: 07/09/1980
MRN: D000000302

Encounter: D0000003047
Admitted: 07/07/2009 09:59 AM
Discharged: 07/07/2009 10:00 AM

Facility: COCHCA1
Document Type: H AND P H
Deficiency Type: Signature

Assigned To: PHYSICIAN Student100
Reason:

File Pages Document Edit View Assignments Deficiencies Help



Content
Bookmarks Def. Info Patient Encounter
Deficiency Documents

Deficiency Document:
D0000003047 RCR 07/07/2009
H AND P H
LUKE
07/15/2009 14:22
Page 1

Assigned To:
PHYSICIAN Student100
Reason:

FRIST MEDICAL CENTER
ONE PARK PLAZA
NASHVILLE, TN 37203

PATIENT NAME: BECERRA, JULIO UNIT NO: D000000302
DOB: 07/09/80 AGE: 29 SEX: M ACCOUNT NO: D0000003047
ATTENDING PHYS: LUKE, JAMES PT TYPE: DIS RCR
REPORT TYPE: History and Physical ROOM NO:
DICTATING PHYS: LUKE, JAMES
ADMISSION DATE:

THIS IS A SAMPLE HISTORY AND PHYSICAL FOR BECERRA, JULIO, A 29 YEAR OLD M BEING TREATED FOR MIGRAINE. IN MOST INSTANCES, PATIENT INFORMATION REACHES HORIZON PATIENT FOLDER THROUGH ONE OF TWO AVENUES: COLD (ELECTRONIC) AND HL7 (TRANSACTIONAL) FEEDS FROM INTERNAL SYSTEMS SUCH AS MEDITECH, OR FROM THE PHYSICAL SCANNING OF DOCUMENTATION. THIS DOCUMENT IS AN EXAMPLE OF AN ELECTRONIC OR TRANSACTIONAL FEED FROM AN INTERNAL SYSTEM - IT HAS NOT BEEN SCANNED. THE USER WILL NOTICE THIS TYPE OF DOCUMENT LOOKS VISUALLY DIFFERENT COMPARED TO ONE THAT IS SCANNED. HORIZON PATIENT FOLDER ALLOWS PHYSICIANS TO TEXT-EDIT THIS DOCUMENT TYPE.

PT NAME: BECERRA, JULIO UNIT NO: D000000302 ACCT NO: D0000003047

Do not edit the report header or trailer

HPF, IN2

MRN

M000001058

Encounter

M000001485

Admitted

05/02/2008 02:28 PM

DOB

02/11/1974

Facility

COCOA3

Discharged

05/02/2008 03:45 PM

File Pages Document View Assignments Deficiencies Help



Content

Bookmarks Def. In Patient Encounter
Deficiency Documents

Deficiency Document:

- M000001485 05/02/2008
- 88008555 407

Name _____ Age _____ Sex _____

Discharge Summary and Instructions

Decline Deficiency

Patient Name: MCMANUS, SHARLIE

Encounter: D00000001863

Deficiency Status: Incomplete

Standard Reasons:

- Already Completed
- Declined Coding Query
- No Signature Required
- Not My Entry or Order

Other Reason: _____

Decline all deficiencies for this encounter

OK Cancel

politic - resolved

... / 16+ repeat

activity

... K+ repeat x 5 days

... / constipation

Physician Signature _____ Date _____ Time _____



Chart copy

Assigned To:
EDUCATIONMD
Reason:

Or decline
Signature
request



Deficiency Worklist

Options | Help

Deficiency Types

- Signature 64
- Dictation 6
- ▶ Missing Text 7

Deficiency Worklists

- ▶ ALSTON, TONY

Missing Text Deficiencies For ALSTON, TONY

Total encounters: 2

<input checked="" type="checkbox"/>	Status ▼	Deficiency Document	Patient	MRN	Encounter	Facility	Discharged	Reason
<input type="checkbox"/>	Incomplete	CODING QUERY	PHAM, ABBY	D000000215	D00000002171	COCHCA1 - Frist Medical Center	07/06/2009 08:07 AM	
<input type="checkbox"/>	Incomplete	CODING QUERY	BLUE, TRACI	D000000326	D00000003285	COCHCA1 - Frist Medical Center	07/08/2009 03:40 PM	

Select Missing Text



11/1/04	1550	Erica Hunter US	2601	12 ^o chart ✓	SMyers RN
11/1/04	0129	chart ✓	2601	chart ✓	SMyers RN
Discharge patient to home in AM					

Type Missing Text in the box provided and click Complete

Look under "Reason" for instructions on what text is missing

Assigned To: EDUCATIONMD
Reason: Please document discharge order.

CORNELL, ASHLEIGH
DOB: 09/01/1980
MRN: D000000397

Encounter: D00000003990
Admitted: 07/08/2009 08:17 PM
Discharged: 07/08/2009 08:18 PM

Facility: COCHCA1
Document Type: CODING QUERY
Deficiency Type: MissingText

Assigned To: PHYSICIAN Student100
Reason:

File Pages Document Edit View Assignments Deficiencies Help



Content

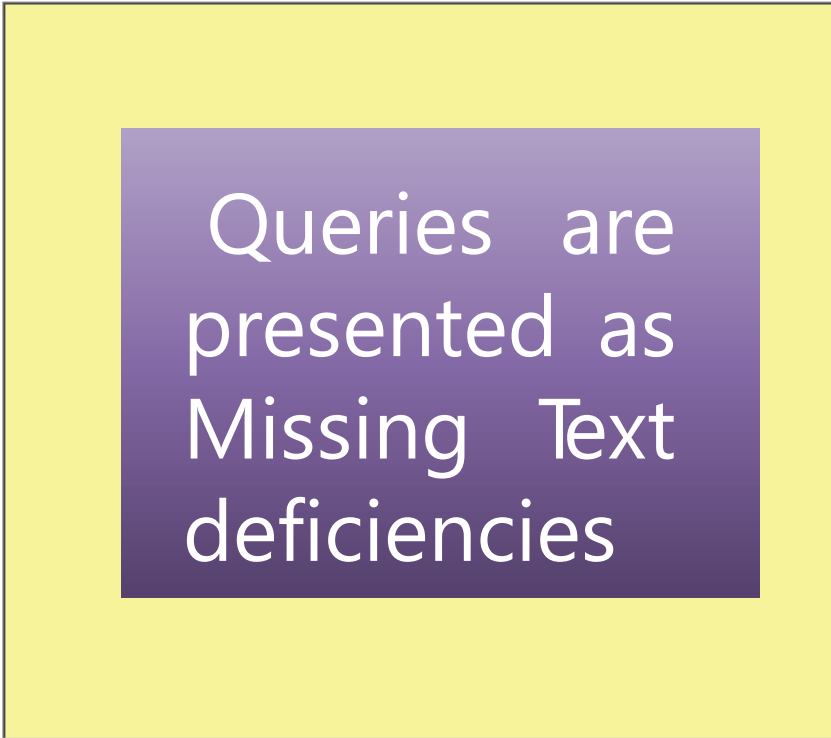
Bookmarks | Def. Info | Patient | Encounter
Deficiency | Documents

Deficiency Document:

- # D00000003990 SDC 07/08/2009
 - CODING QUERY
 - 20604
 - Page 1
 - Page 2

PROGRESS NOTES

Physician Response to Acute Myocardial Infarction Query



Press the PgUp key or click Page 1 to reference the coding question

Assig
PHYS
Reas

Patient Name: _____
Admit Date: _____ Discharge Date: _____
MR#: _____ Acct #: _____
Date Stamp: _____

Submit

Best Fit

Page 2 of 2

CORNELL, ASHLEIGH
DOB: 09/01/1980
MRN: D000000397

Encounter: D00000003990
Admitted: 07/08/2009 08:17 PM
Discharged: 07/08/2009 08:18 PM

Facility: COCHCA1
Document Type: CODING QUERY
Deficiency Type: MissingText

Assigned To: PHYSICIAN Student100
Reason:

File Pages Document Edit View Assignments Deficiencies Help



Content

Bookmarks | Def. Info | Patient | Encounter
Deficiency | Documents

Deficiency Document:

- # D00000003990 SDC 07/08/2009
 - CODING QUERY
 - 20004
 - Page 1
 - Page 2

ACUTE MYOCARDIAL INFARCTION (AMI) PHYSICIAN QUERY FORM

THIS FORM IS A PERMANENT PART OF THE MEDICAL RECORD

Date: _____

Dear Dr. Nance, Loretta _____:

In responding to this query, please exercise your independent professional judgment. The fact that a question is asked does not imply that any particular answer is desired or expected. Thank you for your clarification on this documentation.

Coding Manager's Name: Test1 _____ Coding Manager's Phone #: 111-1111 _____

Patient Name: CORNELL, ASHLEIGH _____

Admit Date: 07/08/2009 08:17 PM _____ Discharge Date: 07/08/2009 08:18 PM _____

MR#: D000000397 _____ Acct #: D00000003990 _____

_____ for Acute Myocardial Infarction (AMI). Significant clinical indicators are _____ or probably caused by something other than mere chance.

Clinical findings suggestive of Acute Myocardial Infarction

Indicator	Location in the medical record which reflects the clinical findings
_____ (e.g. ST _____, n, Q-wave)	
_____ (STnT, CTnI,	
_____ (e.g. Creatine _____, fraction of	
_____ weeks of this _____ initial treatment	

_____ the appropriate action based on your response:

_____ of the clinical indicators outlined above, are you _____ or suspected Acute Myocardial Infarction?

In accordance with this state's Quality Improvement Organization (QIO), documentation is required in the traditional body of the medial record.

If **yes**, please document the **specific site of the Acute Myocardial Infraction** on the attached progress note.

If **no**, or **unable to determine**, please document "no" or "unable to determine" on the attached progress note.

5/09

Press the PgDn key or click Page 2 to document response to query on page 2

Best Fit

Page 1 of 2

CORNELL, ASHLEIGH
DOB: 09/01/1980
MRN: D000000397

Encounter: D0000003990
Admitted: 07/08/2009 08:17 PM
Discharged: 07/08/2009 08:18 PM

Facility: COHCA1
Document Type: CODING QUERY
Deficiency Type: MissingText

Assigned To: PHYSICIAN Student100
Reason:

File Pages Document Edit View Assignments Deficiencies Help



Cont

Bookmarks | Def. Info | Patient | Encounter
Deficiency | Documents

Deficiency Documents

- # D0000003990 CDC 07/08/2009
- CODING QUERY

PROGRESS NOTES

Physician Response to Acute Myocardial Infarction Query



Document the query response or reason for declining the query in the yellow text box

Click Complete to submit the query

Assigned To:
PHYSICIAN Student100

Reason:

Patient Name: _____
Admit Date: _____ Discharge Date: _____
MR#: _____ Acct #: _____
Date Stamp: _____

Submit

Best Fit



Deficiency Worklist

Options | Help

Deficiency Types

- Signature 64
- ▶ Dictation 1
- Miscellaneous Text 2

Dictation Deficiencies For ALSTON, TONY

Total encounters: 1

Process Process All Complete Decline Print

<input checked="" type="checkbox"/>	Dictation Job ID	Status ▼	Deficiency Document	Patient	MRN	Encounter	Facility	Discharged	Reason
<input type="checkbox"/>	<input type="text"/>	Incomplete	DISCHARGE SUMMARY S	NEWCOMB, TROYELL	D000000183	D00000001852	COCHCA1 - Frist Medical Center	07/02/2009 01:28 PM	

Deficiency Worklists

- ▶ ALSTON, TONY

Select Dictation

HPF, INZ MRN M000001058 Encounter: M0000014805 Admitted 05/02/2008 02:20 PM
 DOB 02/11/1974 Facility: COCOA3 Discharged: 05/02/2008 03:45 PM

File Pages Document View Assignments Deficiencies Help

Dictation Job ID LAUNCH

EMERGENCY PROVIDER RECORD
 Abdominal Pain / Flank Pain / Vomiting / Diarrhea

ROS
 GI
 constipation _____
 last BM _____
 black / bloody stools _____
 GU
 CONST
 fever / chills _____
 dizzy _____
 NEURO / EENT
 fainting _____
 headache _____

CONDITIONS

FACESHET

DISCHARGE

ED PHYSI

Page 1
 Page 2
 Page 3

ED RECORDS 5
 # M0000014805 05/02/2008

Printed By: EncounM DocumentM

Print to Width

Page 2 of 3

Dictation Deficiency:

1. Complete Dictation as normal.
 - Optional—Enter Dictation Job ID into HPF for tracking
2. Complete the Deficiency

HPF, IN2 MRN M000001058 Encounter: M0000014805 Admitted 05/02/2008 02:20 PM
DOB 02/11/1974 Facility: CCGOA3 Discharged: 05/02/2008 03:45 PM

File Pages Document View Assignments Deficiencies Help

Content

Bookmarks Def.info Patient Encounter Documents

Emergency

Expand Collapse

My View Clinical Dictated Reports

HPF, IN2

No global documents for this view

CONDITION OF ADMISSION

M0000014805 05/02/2008

Page 1

Page 2

Page 3

Page 4

Page 5

ED RECORDS

M0000014805 05/02/2008

Page 1

Page 2

Page 3

Print to Width

Page 2 of 3

1996 - 2006 T-System, Inc. Circle or check affirmatives, backslash (/) negatives.

36

StoneCrest Medical Center

EMERGENCY PROVIDER RECORD

ROS

HPI

chief complaint: abdominal pain vomiting
flank pain (R/L) diarrhea

duration: 1 hr

FEMALE REPRODUCTIVE

LNMP

irregular / missed period(s)

pregnant confirmed w/ home test

abnorm vag bleeding

vaginal discharge

C B AB

cough

trouble breathing

chest pain

MS / SKIN

rash

joint pain(s) shoulder

back pain

all systems neg except as marked

abdominal aneurysm

pancreatitis

GERD

fecal impaction

intestinal obstruction

diverticulitis

ovarian cyst(s) / fibroids

ectopic pregnancy

pelvic infection / STD

HIV / AIDS

cancer

tonsillectomy

hysterectomy

castration

bilateral mastectomy

quality: pain


aching

dull

burning

cramping

location:



Create a bookmark for the page being viewed by clicking the bookmark icon.

View bookmarks by clicking the bookmark tab.

My Patients in a Bed ▾ All ▾ -

Name (6)	Desc/Reason	Location
Patient 1	68 VOMITING	H.MED
Patient 2	76 ENDOCARDITIS	H.NEU
Patient 3	57 SEPTIC KNEE	H.ORTI
Patient 4	58 CVA,HIV,PNEUMONIA	N.2E.N
Patient 5	64 ASCITES,ENCEPHALOPATHY,ANASARCA	N.3E.N
Patient 6	69 ABD WALL ABCESS,SP OLT,HYPERGLYCEMIA	N.3E.N

Patient 1
(68Y Female)

- [New Results](#)
- [Overview](#)
- [Patient Detail](#)
- [Visits](#)
- [Allergies](#)
- [Clinical Notes](#)
- [Medications](#)
- [Lab Results](#)
- [Order Status](#)
- [Test Results](#)
- [Vitals](#)
- [I/O](#)
- [RAD PACS](#)
- [Prior Charts](#)
- [EKGs](#)

EMPI Record View Options | Help ▾

Patient Result

Patient	SSN	DOB	Current Age	EPN	Sex
Patient 1	123-45-6789	01/02/2004	68	W0000	F

Encounter	MRN	Admitted	Discharged	Facility	Pt Type	Service	Age	GPI	Disposition
Encounter 1	W0000	09/21/2008 02:14 PM		Hospital	IN - Inpatient	MEDI - MEDICAL	68		
Encounter 2	W0000	09/08/2008 10:19 AM	09/08/2008 11:45 AM	Hospital	ER - Emergency		68		HOM
Encounter 3	W0000	10/22/2007 08:04 AM	10/22/2007 12:00 AM	Hospital	SDC - Same Day Surgery		67		HOM
Encounter 4	W0000	02/20/2006 09:32 AM		Hospital	CLI - Clinical		65		
Encounter 5	W0000	02/14/2006 01:15 PM		Hospital	CLI - Clinical		65		
Encounter 6	W0000	02/10/2006 04:30 PM	02/10/2006 12:00 AM	Hospital	ER - Emergency		65		HOM
		02/02/2006 05:16 PM	02/04/2006 12:00 AM	Hospital	IN - Inpatient		65		HOM
		10/03/2001 12:05 PM		Trans	SDC - Same Day Surgery		61		

The Prior Charts link displays past encounters for the selected patient.