

# **Badge Counts and Alerts**

Last Modified on 12/01/2023 8:40 am EST

# Alert Bar (Main Navigation Panel)

#### Practice Level Global Information

The "Alert Bar" pinned to the left side of OP is meant to alert the logged-in user that there is work that should be done. Whered, it indicates there is something that requires the user's prompt attention/action. In general, the Alert Bar counts refresh at least every two minutes. They do not recalculate instantaneously as work is performed, for speed/performance considerations. If an updated count is needed before the automatic refresh occurs, simply right-click in the Alert Bar and select **Refresh Badges**.

### Messages Group

Messages: All logged-in users should see messages that apply directly to them. The counting behavior on the Alert Bar directly correlates with the counts on the mailbox tabs of the Message Center when Scope = "Me." The counts on the Alert Bar include EFR messages, regardless of whether you have memorized "Include confidential" as a preference.

Two message properties can turn your message tabsred (in order to alert your attention to do something sooner rather than later):

- 1. If any unread message sent to you has been marked Urgent by the sender.
- 2. If there is any message in the "Needs Action" tab.

**Instant Messages**: This is always red when there is at least one Instant Message sent to the logged-in user. If users have difficulty seeing IMs, we recommend the user move Instant Messages to the top of the Message Section.

## **Clinical Group**

Badge counts will only display if the logged-in user is a Rendering Provider, with the exception of *Documents*. The count of items in the Alert Bar are for a specific look-back period, not comprehensive for all tabs. If a non-rendering provider is responsible for processing referrals or diagnostic tests, for example, they can still access the Clinical Work window by selecting an item in the Alert Bar, but they will not have counts and should not assume the absence of a count means they have no work to perform. In general, look-back periods are for 30 days except for the eRx Center which is 7 days.

**Encounters**: have a count for logged-in Rendering Providers with a look-back period of 30 days, including EFR notes. The count will be displayed for any Encounter that the Rendering Provider has "claimed" as theirs by either opening the note and saving at least once, *or* if someone on the practice team has entered the Rendering Provider in the Visit Information section of the note (see image below). The count on the Alert Bar for Rendering Providers reflects all unfinalized notes over the past 30 days. This count is never red.





ı	Visit Information		
	Visit date/time:	09/16/2019 V 03:45 PM 24h	
	Date written:	09/16/2019 03:45 PM	
	Place of service:	Office ~	
	Practice location:	Primary Location ~	
	Appointment type:		
	Accompanied by:	~	
	Entered by:	1839	
	Nurse/assistant:	~	
	Rendering provider:	Susan J. Kressly, MD	
	Supervised by:	~	
	Staff chaperone:	~	
	Telehealth:		
	Provider location:	~	
	Patient location:	~	
	Length of visit:	∨ minutes	

**Well Visits**: have a count for logged-in Rendering Providers with a look-back period of 30 days, including EFR notes. The count will be displayed for any Well Visit that the Rendering Provider has "claimed" based on the Visit Information tab of the Well Visit note. This field automatically populates when a practice team member opens the note or if the Well Visit is in a schedule column for a Rendering Provider. This count is never red.

Received Diagnostic Tests: have a count for logged-in Rendering Providers with a look-back period of 30 days, including EFR tests. The count reflects any test that was ordered by the Rendering Provider (or assigned by staff if no internal requisition/order) that has a received result but has not yet been reviewed or finalized/completed. When using this tab to open the Clinical Work window, the system will automatically default to "received" diagnostic tests only to reflect where you were on the Alert Bar, even if the user has memorized "both" as a preference, when navigating from the alert bar, the default will reflect the received tab information. This count is never red.

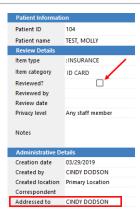
Reviewed Diagnostic Tests: have a count for logged-in Rendering Providers with a look-back period of 30 days, including EFR tests. The count reflects any test that was ordered by Rendering Provider (or assigned by staff if no internal requisition/order) whose result was reviewed but has not yet been finalized/completed. When using this tab to open the Clinical Work window, the system will automatically default to "reviewed" diagnostic tests only to reflect where you were on the alert bar, even if the user has memorized "both" as a preference, when navigating from the alert bar, the default will reflect the reviewed tab information. This count is never red.

**Referrals**: have a count for logged-in Rendering Providers with a look-back period of 30 days. The count reflects any referrals ordered by the rendering provider that are past their referral flag date. This count is never red.

**Documents**: have a count for each user and have a look-back period of 30 days. This count is never red. The count reflects any work that has been scanned/processed into documents and has been addressed to the logged in user, and not yet reviewed:







**Surveys**: have a count for logged-in Rendering Providers and has a look-back period of 30 days. The count reflects any surveys ordered by the Rendering Provider that were completed by the patient/family and received by the practice but not yet reviewed. For standing orders on templates, these are assigned based on the schedule column of the Rendering Provider who is expected to host the appointment. **Note**: *If* a patient moves an appointment to a different provider and the survey has already been completed, the rendering provider will not be reassigned.) This count is never red.

**ePrescribe**: have a count for prescribers and has a look-back period of 7 days. The count includes any prescription that has failed or is in the created but not sent category for more than 30 minutes and will always be red.

**Refill Requests**: have a rolled up count for all requests coming for any prescriber in the practice and will be visible to all prescribing providers and has a look-back period of 7 days. There is no concept of locations to the pharmacy, and the original prescription may have not been written by a current provider in the practice; therefore this is an aggregate count for the practice. This will never be red.

# **Billing Group**

Counts will be visible to any user who has permission to view this section of the alert bar. These counts are an aggregate for the practice and have a 30-day look-back period. This count will never be red.

# **Navigating Windows**

**Practice Level Global Information** 

# Message Center Window

Upon opening the Message Center window using the tab on the Alert Bar from which the user navigated (Phone, Portal, External, Needs Action), the Scope is defaulted to Me, and the Date is defaulted to Today. The Scope can be used to reflect what the user is looking for. Counts will change based on the Scope used and be adjusted in real-time.

There is no "maximum" number of messages that display when using the "Search" form, so users should be thoughtful about what words to use in the search and how to set the scope prior to searching.

#### Clinical Work Window

Upon opening the Clinical Work window using the tab on the Alert Bar from which the user navigated (Encounters, Well Visits, Received, Reviewed, Referrals, Documents, Surveys), the Scope is defaulted to Me, and the Date is defaulted to Today. The





Scope can be used to reflect what the user is looking for. Counts will change based on the Scope used and be adjusted in real-time.

# e-Prescribing Center Window

When navigating to the ePrescribing Center from the Alert Bar, the form will either open on Created, Not Printed/Sent (if navigated from the eRx tab) or Refill Requests (if navigated from that tab.) All horizontal tabs in the eRx Center will reflect the default 7 day period (dates visible in written date time span fields) and counts will reflect that time span as well as the Prescriber (defaults to logged in prescriber.) The only counts that will be red are for prescriptions that Failed, or are in the Created, Not Printed/Sent for more than 30 minutes.

Where possible, the counts are filtered to the prescriber (Created, Not Printed/Sent, Sent, Delivered, Failed, EPCS Pending).

Where not possible (Need Co-signature, Refill/Change Requests, Refills Denies, ePA), the counts and details reflect prescriptions for the practice.

## **Patient Chart**

#### Patient Level Specific Information

In general, badges/counts on the Patient Chart or Encounter/Well Visit note are computed when the user has "focused" that window (has touched the form so it is in "on top" and ready for data entry.) These badges do not recompute in real-time as work is being performed, but they do recompute each time you navigate away from the window and then return. If an updated badge count is needed while in the window, simply right-click in the Chart Navigation Panel and select **Refresh Badges**. Where there is redundancy (the tab is visible on the chart and in the note) the behavior is consistent across both.

Vital Signs: the badge count includes all vital signs which are abnormal and will always display in red. The diastolic BP and systolic BP each count separately. BP will also count as 2 abnormal if there is no current height upon which to compute whether the value is normal or abnormal. Growth measurements are counted if they are "off the chart" and cannot be plotted inside the graphing lines for any given growth chart which was used as the reference when computing the percentile.

**Immunizations**: do not have a count. It is impossible to count vaccine antigens depending on which combination vaccines each office uses. Instead, it will paint in the color blue and display the word **DUE** if at least one antigen is due today and can be given. If at least one antigen is behind according to ACIP logic, a red asterisk or badge will display.

**Tasks**: the count reflects any task which the logged-in user could be responsible for performing (based on their department assignments) and will be red if there is any work that can be performed.

Care Plans: the count reflects any Care Plan items (for all Care Plans in which the patient is enrolled) that are due and not yet satisfied based on work completed in the office. The count will be red and reflect how many items are in green/due status on the care plans themselves.

**Diagnostic Tests**: includes a look-back for 5 years and will count/flag asred any diagnostic tests which are in a "non-final state" including: Awaiting test action, Order to be placed, Pending, Received, Reviewed, Partial Received, Partial Informed.

**Referrals**: includes a look-back for 5 years and will count/flag asred any referral which remains pending and either has no flag date or the flag date has passed.





Surveys: includes a look-back of 5 years and will count/flag asred any survey which has not yet been informed/completed.

**Encounters**: includes a look-back of 5 years and will count/flag asred all unfinalized encounters regardless of who conducted the visit.

**Well Visits**: includes a look-back of 5 years and will count/flag asred all unfinalized encounters regardless of who conducted the visit.

**Charges** (Account Group): look-back of 5 years and will count/flag asred all open superbill charges that have not been converted to a claim.

# **Encounter/Well Visit Note**

#### Patient Level Specific Information

In general, badges/counts on the Patient Chart or Encounter/Well Visit note are computed when the user has "focused" that window (has touched the form so it is in "on top" and ready for data entry). These badges do not recompute in real-time as work is being performed, but they do recompute if you navigate away from the window and then return. If an updated badge count is needed while in the window, simply right-click in the Navigation Panel and select **Refresh Badges**. Where there is redundancy (the tab is visible on the chart and in the note) the behavior is consistent across both.

Vital Signs

Immunizations

Diagnostic Tests

Referrals

Surveys

The following tabs on inside the note (both well visits and encounters) behave identically to the Chart section above:

