

Instructions for Placing Order for CHPS Research Echocardiogram or Research Stress Echocardiogram

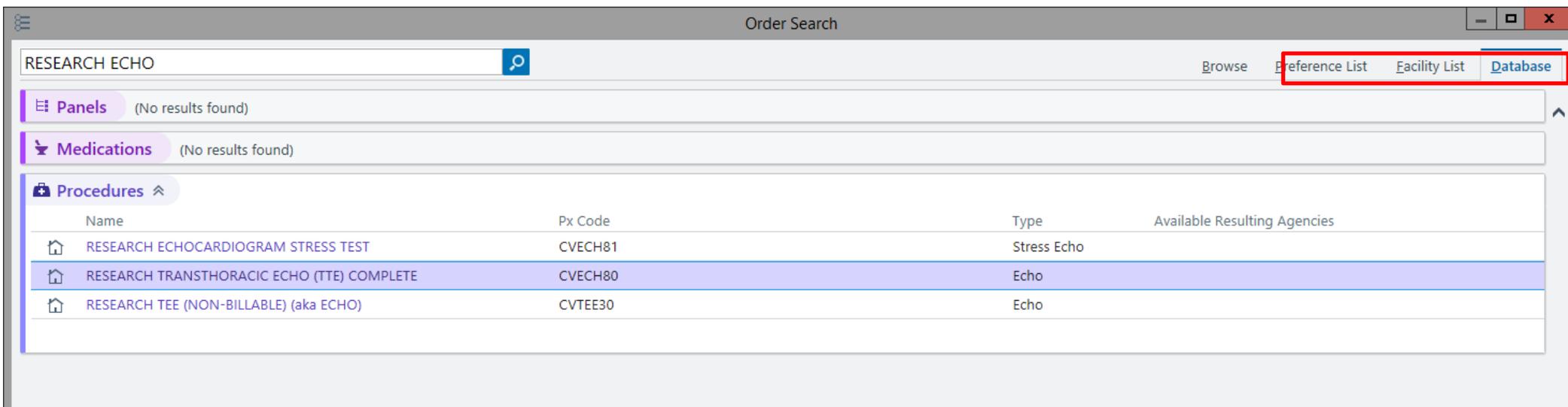
Please note that these instructions only apply if the images and report should be linked to the patient's EMR. See FAQ at end of this document for instructions if the report and images should be deidentified.

These orders CANNOT be used for echoes that will be performed through the clinical echo lab.

Follow your usual workflow for creating an encounter and navigating to the Order Entry activity.

1) Find the order(s):

- The routine research echo order is "RESEARCH TRANSTHORACIC ECHO (TTE) COMPLETE" (Procedure Code CVECH80).
- The research stress echo is "RESEARCH ECHOCARDIOGRAM STRESS TEST" (Procedure CVECH81).



Order Search

RESEARCH ECHO

Browse Reference List Facility List **Database**

Panels (No results found)

Medications (No results found)

Procedures ^

Name	Px Code	Type	Available Resulting Agencies
RESEARCH ECHOCARDIOGRAM STRESS TEST	CVECH81	Stress Echo	
RESEARCH TRANSTHORACIC ECHO (TTE) COMPLETE	CVECH80	Echo	
RESEARCH TEE (NON-BILLABLE) (aka ECHO)	CVTEE30	Echo	

You must search in the database to find them the first time (redbox).

2) Favorite the Echo order: This will allow it to appear in your personal preference list going forward, and will set your defaults (repeat this step for the Research Stress Echo if your studies use it).

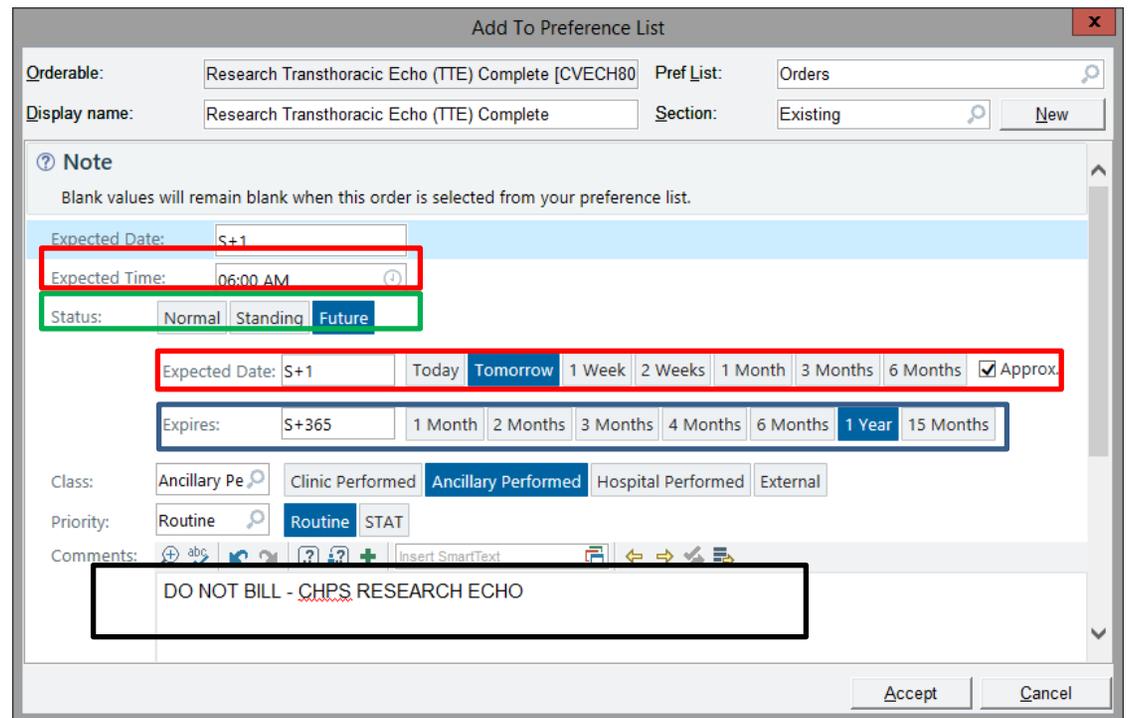
Click on the STAR icon next to the remove button (blue box)



There are 2 places to fill in expected date (red boxes) – please complete BOTH with the date the echo is scheduled. EPIC will allow you to place the order if blank, but it creates a major problem for us.

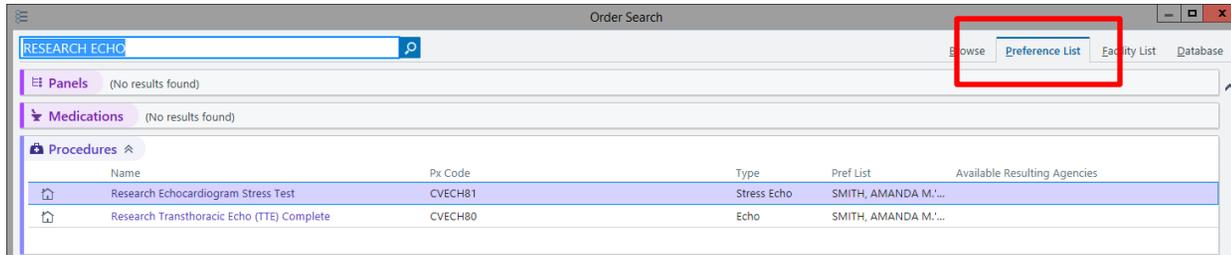
It is STRONGLY recommended that you set defaults for both fields in your preferences so that you do not leave them blank accidentally. In general, Laney’s advice is to place the orders the day before the visit, so the default expected dates are for “S+1” (i.e. tomorrow) but you can choose any default that makes sense for your workflow.

Please set an expected time of 6am (green box) for all orders. If the patient reschedules for a different date after your order is signed, we will still be able to use the original order as long as it hasn’t expired (blue box) – please note the order expected date on the calendar so that the techs and reader can find it more easily.

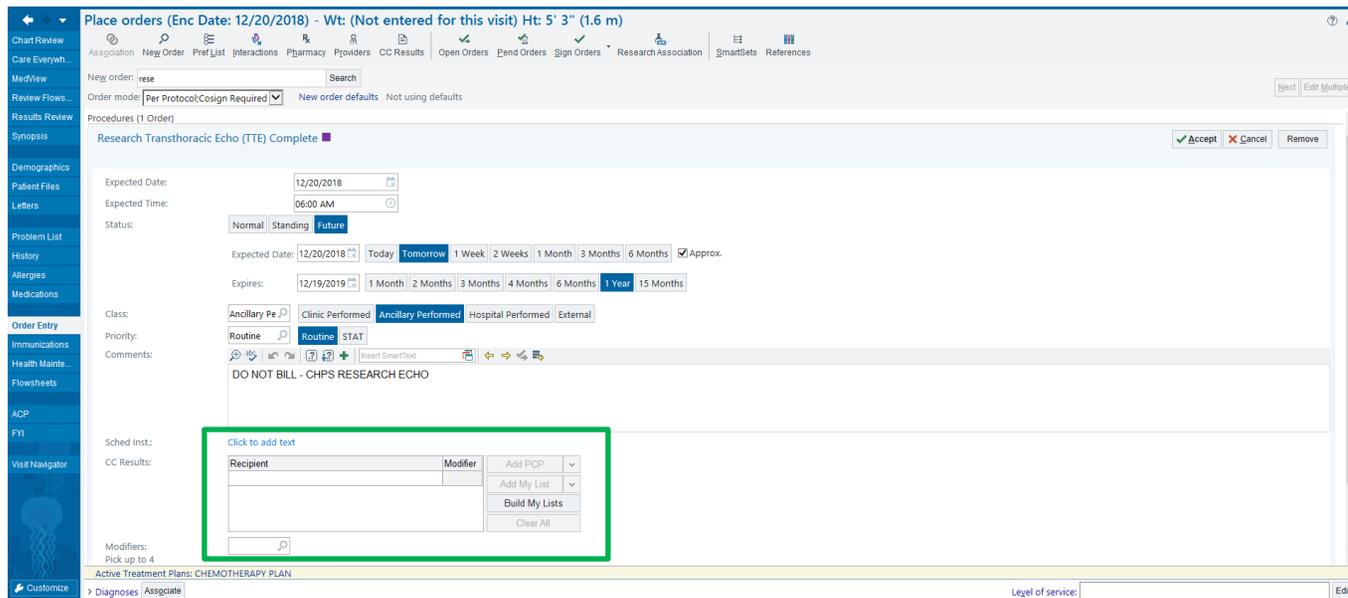


Put “DO NOT BILL – CHPS RESEARCH ECHO” in the Comments section (black box)

3) To Place the order

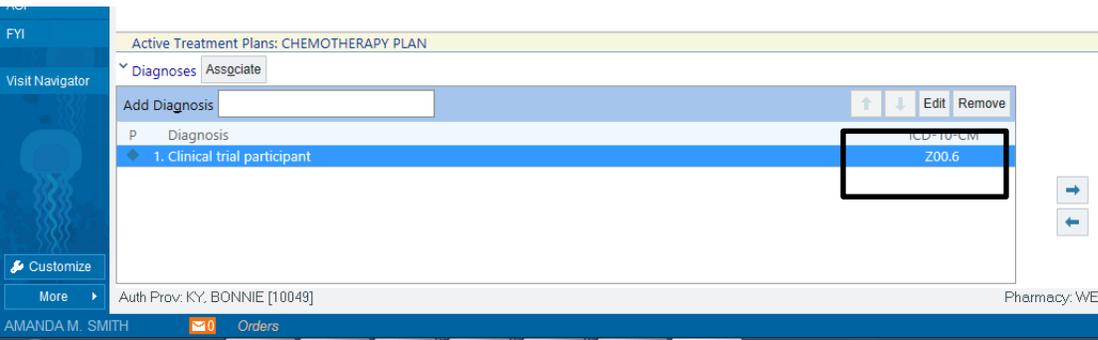


Once you have favorited the order, you will be able to select it from your individual preference list (red box). EPIC will remember your defaults.



Double check that your default expected dates make sense for the individual patient. You can add recipients under "CC Results" (green box) to have the report routed to them as soon as it is completed.

Accept the order



Associate the order with diagnosis code Z00.6 (black box, you may choose additional diagnosis codes, but must always use this one). There are many diagnoses with that same code – as long as the code is correct, it does not matter which you choose, but be aware that the diagnosis and diagnosis code both appear on the echo report, which patients will be able to view in MyPennMedicine.

Associate the order with your research study, and follow your usual procedure for routing the order to be signed.

- 4) Update the Research Echo Core Lab (for Ground Rhodes) or Presby CTCR Echo (PPMC EMU) calendar in Outlook
By the time you bring a patient down for echo, the calendar entry should include the following:

Full name (exactly as it appears in EPIC)

MRN: 9 digit HUP MRN

UID: 10 digit EPIC ID (red box, used in Syngo)

Accession #: 8 digit number associated with specific order (green box). The accession number will not populate until the order is signed.

See FAQ for what to do with patients who will be consented day of echo

Subject: CCT10000 JD v15
Location: [Dropdown]
Start time: Thu 12/20/2018 8:00 AM [Dropdown] All day event
End time: Thu 12/20/2018 9:00 AM [Dropdown]
Jane Doe
MRN 999999999
UID: 1999999999
Accession #: 12345678

Patient Select

Search Criteria
Name/MRN: Zztest

Legal ...	Birth Date	Address	SSN	HUP	MCP	PAH	CCH	PPMC	UID
									8463766436
									8463484808
									8444867071

Chart Review

Snapshot Encounters Labs Imaging Procedures **Cardiology** Medications Other Orders Episodes Le

Preview Refresh (3:08 PM) Select All Deselect All Review Selected Master Report Lab Flowsheet Flo

Filters Hide Canceled

Date	Description	Status	Accession	S
Today	TRANSTHORACIC ECHO (TTE) FELLOW PERFORMED...	Tech Complete	[Green Box]	

Frequently Asked Questions:

1) Does the order need to be signed by the PI?

The echo lab needs the accession number and the accession number is not generated until the order is signed. The order MUST BE SIGNED, but depending on your study-specific workflow, it may not have to be signed by the PI. If you have a research nurse or co-investigator who is able to sign orders for a particular study, then they can also sign the echo order.

The accession number *is* generated when a research nurse signs the order and does not need to wait for a physician to co-sign.

2) What if the order hasn't been signed when I am bringing the patient to the echo lab?

Please make every effort to have the order signed prior to arriving in the echo lab. However, we understand that that may not always be possible. If you absolutely cannot have the order signed before the patient arrives, we can still perform the echo. You will still need to provide the tech with the patient's name (exactly as it appears in epic) and with the UID.

In this case, the images will be stored in Syngo under your patient's record but will not be linked to your patient's chart in EPIC.

The report will appear in the EPIC once generated, but absolutely cannot be generated until the order is signed. Please keep this in mind, especially for studies where you need a clinical read within a specific time-frame.

3) What do I do if the echo should not be linked with the patient's EMR (deidentified reports)?

If your protocol requires that the echo and report be created without PHI and not entered into the EMR, then you should not place an order in the chart. Continue to follow the current process of creating the Outlook calendar entry. The echo tech will create a record for your patient in Syngo under their study identifiers. Dr Ky will generate a report using only the study identifiers and will share the report with the appropriate study personnel.

4) What do I do if the patient won't sign consent until the day of the echo?

We will always strive to be respectful of your patients' expectations of privacy and rights under HIPAA, and we understand that the period between when a patient indicates willingness to participate in a study and when they actually sign consent. If you will not obtain consent until the day of the echo, there are 3 options listed below. Please discuss with your study team to determine which is most appropriate for your particular study, and reach out to Dr. Ky and/or Laney with questions. Allow time to sign the orders between obtaining consent and the start of the echo – this is the preferred option, but requires a research nurse or investigator who is able to sign orders on short notice.

- Associate the patient with your study in EPIC using the "Pre-Consent Screening" status. This is an active status, so you will be able to place the order and associate it with the study as usual. Indicate on the outlook calendar that pt has not yet signed consent, have the patient's name, MRN, UID, and accession number to give to the tech at the time of the echo, and update the calendar as soon as consent is signed.

Please be aware that once an order is signed, it advances automatically to the research tech and reader worklists, so anyone with access to those lists will be able to see that that patient has a research echo order. The techs won't be able to tell which study the

patient is on; it would not be immediately obvious to the readers, but they could find out if they went looking. If your patient declines consent after the order is placed, the only way to get rid of the order is to put in a ticket with IS to have it deleted – you and your study team would need to determine if that is necessary for a particular study or patient.

- If neither of the above is feasible, we can follow the procedures for question (2) – “What do I do if the order hasn’t been signed when I am bringing the patient to the echo lab?”

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