BIG SKY CARE CONNECT HEALTH INFORMATION EXCHANGE USER MANUAL

Version 5.0

Version History

Version #	Date	Author(s)	Reason for Change
0.1	07/29/2020	Kellie McDermott, HealthTech Solutions	First Draft
1.0	12/14/2020	Kellie McDermott/HealthTech Solutions	Approval received from Jean; finalize and convert to PDF for distribution
2.0	01/25/2021	Kellie McDermott/HealthTech Solutions	Updated medication section with DrFirst information; add contact email to troubleshooting section
3.0	07/15/2021	Kellie McDermott/HealthTech Solutions Reviewed by Jeanette Polaschek 7/19/2021	Added information about sensitive data; updated screenshots; updated language in various sections
4.0	11/12/2021	Ahyoung Huff & Jeanette Polaschek	Updated definitions, roles, and information on Patient Event Notification
5.0	02/24/2022	Haley Petersen	Added User Compliance Notice

Contents

Getting Started

Use this manual to get the most out of your Big Sky Care Connect (BSCC) Health Information Exchange (HIE) experience. If you have any questions over the information in this manual, please contact the BSCC Help Desk at help@mtbscc.org or call (888) 937-7396 or visit the BSCC website.

All patient and user information in this manual is sample, fictious information. No actual personal information is included.

Note: Information in this manual is subject to change. As information changes and new functions are added, the HIE User Manual will be updated. Please make sure you are using the most recent version. You can contact the BSCC Help Desk or check on the BSCC website for the current version.

User Compliance Notice

All user activity within BSCC is logged, audited, and reported to your facility. Users are expected to only use and access records and data within the BSCC system in a manner compliant with HIPAA and BSCC policy. For instance, users generally are not allowed to access their own records or records for family members if not for legitimate treatment purposes or as otherwise allowed by HIPAA. Any suspicious activity is subject to further investigation, and unauthorized use or access of the system may jeopardize the user and their organization's participation in the network and may result in fines or penalties imposed by law.

Definitions

ADT – Admit/Discharge/Transfer HL7 message type that is transmitted from a participating facility to BSCC as patient encounters occur. Patient encounters include hospital admissions and discharges, ED visits and outpatient appointments. The patient data included in an ADT message are demographics, allergies, provider data, encounter dates and diagnoses.

BSCC – Big Sky Care Connect is nonprofit organization created to implement and maintain the health information exchange (HIE) for the state of Montana. The HIE enables disparate organizations to securely share patient information so that clinicians have a complete picture of the patient's medical condition wherever that care is delivered. The HIE contains both clinical (including behavioral health) and claims data.

BTG – Break the Glass. Users that have access to highly sensitive patient data as part of their role, must 'break the glass' to provide consent of this authorization. Users must include a reason and consent type to gain access. Each BTG event is recorded in an audit log. Highly sensitive data includes 42CFR, substance and physical abuse, HIV and STD data.

C-CDA – Consolidated-Clinical Document Architecture; a base standard which provides a common architecture, coding, sematic framework, and markup language for the creation of electronic clinical documents.

DrFirst - DrFirst provides comprehensive medication history gathered from pharmacies across Montana. Prescription and fill history are available from DrFirst.

DSM – Direct Secure Messaging; a technical standard for exchanging health information between healthcare entities (such as primary care physicians, specialists, hospitals, and clinical labs) in a

trusted and secure network. It is easy-to-use and functions like regular email with additional security measures to ensure that messages are only accessible to the intended recipient. The BSCC HIE integrates with Secure Exchange Solutions (SES) to enable users to send and receive Direct messages and alerts through the HIE.

eMPI – electronic Master Patient Index. The eMPI serves to uniquely identify each patient. Sophisticated matching algorithms based on demographics are used to link medical record numbers from numerous organizations to the right patient. The eMPI is the foundation of the comprehensive patient record.

HIE – Health Information Exchange; serves as a statewide network and repository for secure, comprehensive patient health information with secure, seamless communications providing valuable information at the point of care.

Patient Event Notifications – Notifications can be sent to providers as patients experience significant events such as hospital admissions, discharges or ED visits. Any care team member can subscribe to receive notifications. Contact your Partner Success Manager if you are interested.

Sensitive Data – Sensitive data includes 42CFR, substance and physical abuse, HIV and STD data. BSCC has created sensitive data sets for ICD-10, CPT, LOINC and Snomed codes. 42CFR data is attached to the facility – any data sent from a 42CFR facility is flagged as sensitive. Clinicians with sensitive data access can view this information after 'breaking the glass'.

SES – Secure Exchange Solutions. SES is BSCC's Health Information Service Provider for Direct Secure Messaging. Users can send and receive DSM messages from within the BSCC clinical portal.

URL – Uniform Resource Locator; a web address.

Roles

There are 4 user roles that can be assigned based on each individual's scope of practice. There is one additional role that is used by trainers. Each of the roles is described in the table below.

Role	Description
Clinician User with sensitive data access	Participant users who are working at the point of care or in a role that requires access to all patient information <u>including</u> sensitive data (i.e. medical records, registration), consistent with facility's policies for accessing patient health information. This role as the following access: - Search for patient by demographics and find any patient that has not opted out of the HIE participation - View complete patient record - View and send patient summary documents* - BTG to sensitive data - Override patient consent (in emergent situations) to view patients who have opted out of HIE participation - View DrFirst medication history
Clinician User without sensitive data access	Participant users who are working at the point of care or in a role that requires access to all patient information <u>excluding</u> sensitive data (i.e. medical records, registration), consistent with facility's

Role	Description
	policies for accessing patient health information. This role as the following access: • Search for patient by demographics and find any patient that has not opted out of the HIE participation • View complete patient record • View and send patient summary documents* • Override patient consent (in emergent situations) to view patients who have opted out of HIE participation • View DrFirst medication history
Clinical Clerk	Participant users who are working at the point of care or in a role that requires access to limited patient information excluding sensitive data (i.e. demographics, allergies and non-sensitive encounters), consistent with facility's policies for accessing patient health information. This role as the following access: • Search for patient by demographics and find any patient that has not opted out of the HIE participation or contain sensitive data • View limited patient record
Payor	Payors access is restricted to eligible patients. Participant users who are working at the point of care or in a role that requires access to all patient information including sensitive data (i.e. medical records, registration), consistent with facility's policies for accessing patient health information. This role as the following access: • Search for patient by demographics and find any patient that has not opted out of the HIE participation and is eligible for payor insurance • View complete patient record • View and send patient summary documents* • BTG to sensitive data • Override patient consent (in emergent situations) to view patients who have opted out of HIE participation • View DrFirst medication history
Trainer	Trainer users can access test patients only in this role. See the Test Patient Quick Guide for more information.

*To send the patient summary through the HIE, participants must have DSM through BSCC; otherwise, participants have the option of downloading the patient summary and sending it through a third-party DSM provider.

Browser Support

The BSCC HIE is supported on the following browsers:

Windows

- Google Chrome
- Microsoft Edge
- Mozilla Firefox
- Internet Explorer 11

Mac OS

- Google Chrome
- Mozilla Firefox

Linux
- Mozilla Firefox
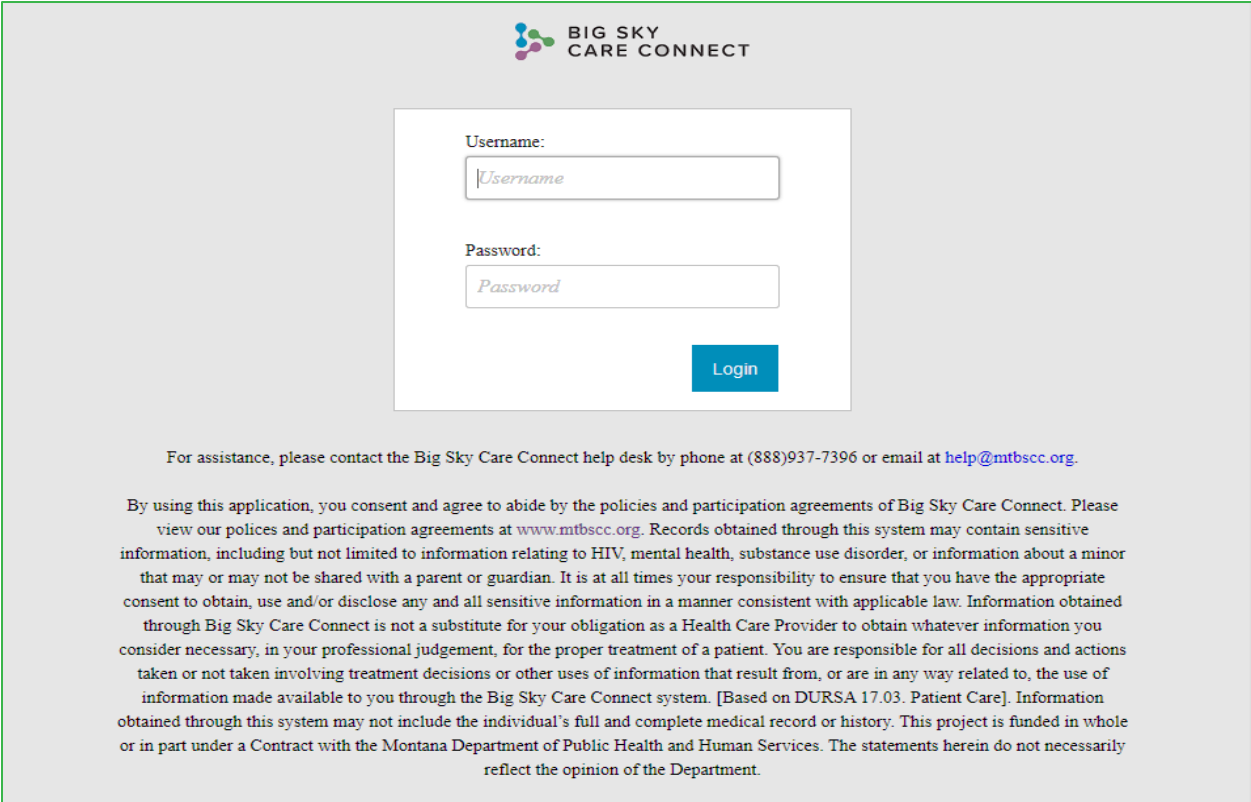
iOS
- Apple Safari

Android
- Google Chrome

Logging In

When your organization participates with BSCC, the BSCC Help Desk will create an account for you. Once your account is created, you will receive a welcome invitation email and an additional email containing your temporary password at the email address you provided upon registration.

Logging in for the First Time

To complete your registration, please follow these steps:

1. Open your **welcome invitation email**. The email will include your username and the HIE URL.
2. Click on the **URL** for the HIE. You will be brought to the BSCC HIE Login Page.

3. Open the second email containing your temporary password. The email details will be valid for 60 days. If you are unable to access the system within 60 days, please refer to Troubleshooting: Invitation expired.
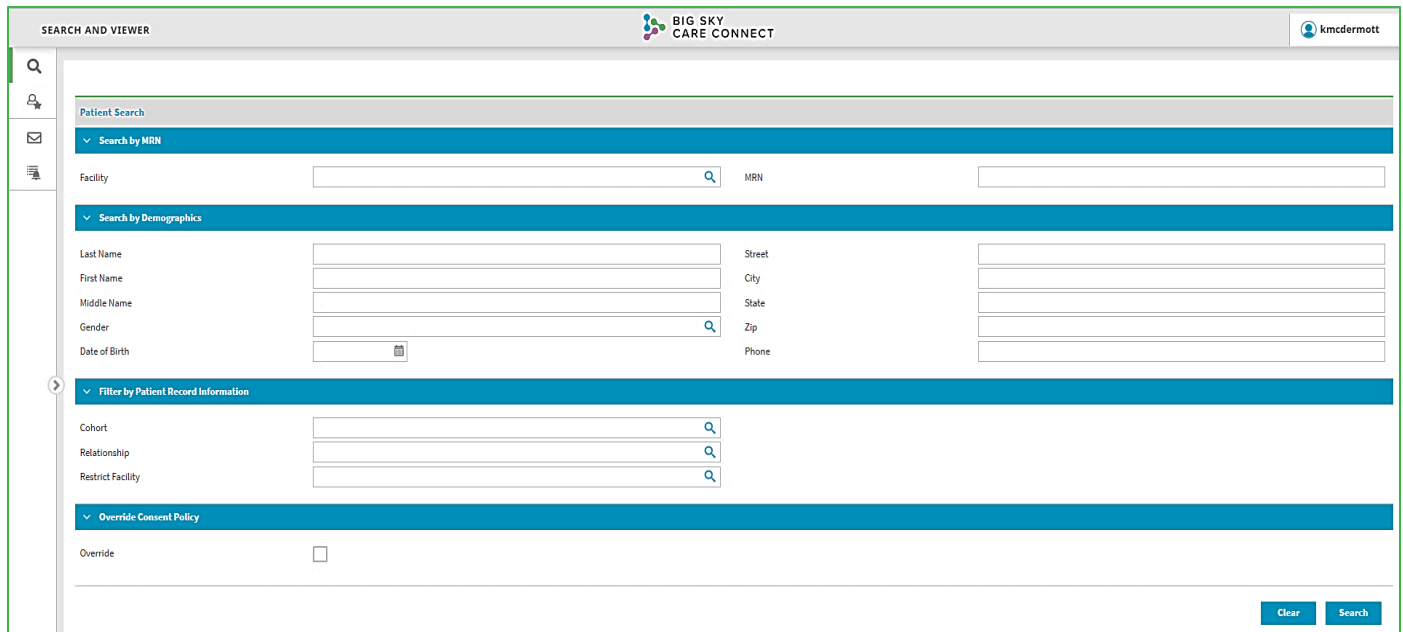
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4. Enter your **Username** and **Temporary Password** located in the emails from BSCC. You must enter the password (you cannot copy and paste it.)
5. Once you have entered your credentials, you will be prompted to change your password.
   o Enter your **Username** (from your welcome email).
   o Enter the temporary password from your welcome email for the **Old Password**.
   o Enter your **New Password**.
     ▪ Your new password must meet the following criteria:
       - At least 12 characters
       - Include at least 3 of the following:
         ✓ At least 1 lowercase alphabetic character
         ✓ At least 1 uppercase alphabetic character
         ✓ At least 1 numeric character
         ✓ At least 1 symbol character
   o Enter your new password again to **Confirm Password**.
6. Select the **Submit** button. Upon successfully changing your password, a Confirmation window will display.
7. Click **Close** to close the window and log in using your new password. You will be redirected to the BSCC HIE Search and Viewer screen.

Search and Viewer Screen

When you first log in, the BSCC HIE Search and Viewer screen displays.

Selecting the **Magnifying Glass** icon will open a dropdown list of options specific to that field.
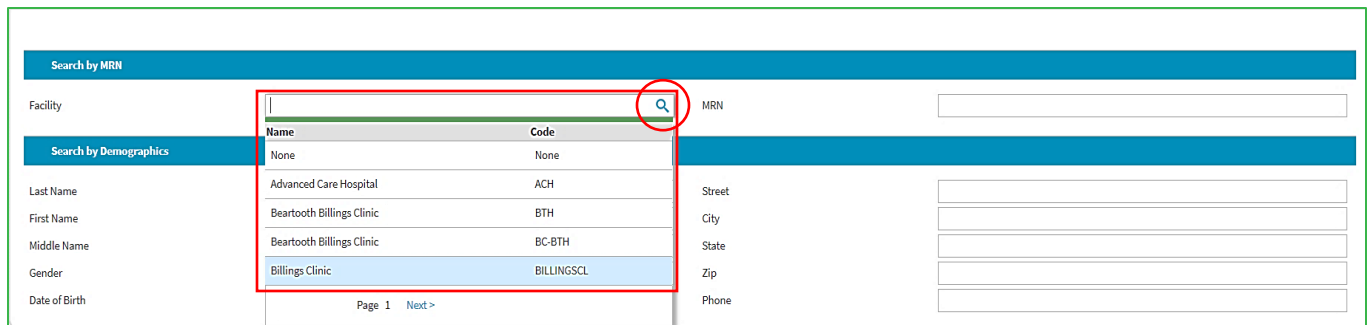
Search and Viewer screen displays 4 sections as follows:

- Search by MRN

⌄ Search by MRN			
Facility	[_____🔍]	MRN	[_____]

- o **Facility**: start typing the facility name and a dropdown of codes will appear with suggested facilities.
- o **MRN**: type the Medical Record Number for the patient.

Note: Searching for a patient using the Search by MRN section requires selecting the associated **Facility** and entering the **MRN**. If you try to search for a patient using only the MRN or only the facility, an error message will appear.
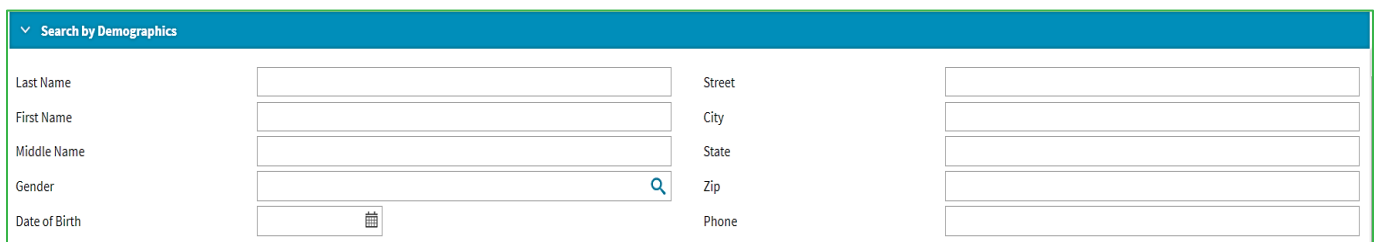

Search by MRN			
Facility	[_____ 🔍]	MRN	[_____]

Search by Demographics			
	Name	Code	
	None	None	
	Advanced Care Hospital	ACH	
Last Name	Beartooth Billings Clinic	BTH	Street
First Name	Beartooth Billings Clinic	BC-BTH	City
Middle Name	Billings Clinic	BILLINGSCL	State
Gender	Page 1 Next >		Zip
Date of Birth			Phone

uatportal.mtbscc.org says

Please enter at least 3 characters of a last name with at least 3 characters of a first name, at least 1 character of a last name with a DOB, or a Facility and MRN.
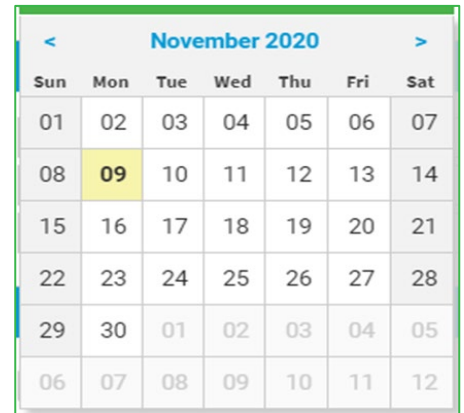
[OK]

- Search by Demographics

⌄ Search by Demographics			
Last Name	[_____]	Street	[_____]
First Name	[_____]	City	[_____]
Middle Name	[_____]	State	[_____]
Gender	[_____ 🔍]	Zip	[_____]
Date of Birth	[_____ 📅]	Phone	[_____]

- o Last Name
- o First Name
- o Middle Name
- o Gender
- o Street
- o City
- o State
- o Zip
- o Phone
- o **Date of Birth**
  - ▪ Select the **Calendar** icon to select the date. The Calendar Widget displays.
  - ▪ Select the birth **Year** by clicking on the month/year at the top of the widget. Then click on the displayed year at the top of the widget, and it will drop down more years to pick from. Use the arrows at the top to display more year options. Select the desired year. The selected year displays at the top of the widget.
  - ▪ After selecting the year, a list of months displays. Select the appropriate birth **Month**. The selected month and year display at the top of the widget.
  - ▪ The days for the selected month and year display, select the birth **Day** from the calendar.
  - ▪ The date will display in the Date of Birth field in the correct format.
  - ▪ You can also type the date of birth by using the two digit number for the month, two digits for the day, and either two digits or four digits for the year and then select **Enter** from your keyboard. The date will format in the field.

Date of Birth	10/19/1930 🗓

Note: When entering the birthdate, you can enter two digits for any year occurring in the 1900s. If the year is in the 2000s, you must enter all four digits.

Note: Minimum search criteria for demographics is the patient's **Last Name** (at least 3 characters) and the patient's **First Name** (at least 3 characters) or you can enter at least one character of the patient's **Last Name** and the full **Date of Birth**.

- • Filter by Patient Record Information

> o **Restrict Facility**: by selecting a facility, you can restrict the demographic search to that specific facility. You must still meet the minimum demographic search requirements for the patient search.
- Override Consent Policy

> o **Override** checkbox: by overriding patient consent and entering the required information, the search result list will display all patients meeting the entered minimum search criteria, even those that have opted out of participation in the HIE and those with data coming from a 42 CFR coded facility, if those patients exist. For more information, see the Override Patient Consent section in this manual.

Search for a patient
1. You must enter:
   - o At least 3 characters of a **Last Name** with at least 3 characters of a **First Name**;
   - o At least 1 character of a **Last Name** and a **Date of Birth**; or
   - o **Facility** and **MRN**.

Note: To make sure the system locates the right patient, you should include as much information as possible. If the minimum search criteria are not entered, the system will return an error message listing the search requirements.

2. Select the **Clear** button to clear the entered information and begin again; or select **Search** to search for a patient that meets the entered criteria.

Note: Payor users should search for patients using Facility and MRN. If you choose to enter the patient's name and the MRN/facility, the system will default to display the results based on the MRN/facility.

Patient Consent

BSCC follows an opt out model for patient consent. When a patient is opted out of participation in the HIE or the patient's record contains 42 CFR data, BSCC still stores their information, but users will be blocked by consent processing from seeing the patient's medical information. Users will be able to see any patient records not blocked by consent.

	Date of Birth	Address	Weighted Match
r	1930-10-19	1 Memorial Drive, Cambridge MA 02142	8.19

* NOTE: Some records have been filtered due to Consent

If a patient matches the search criteria and is opted out, a note will display at the top of the search results. If you are in a clinician role that can override patient consent, return to the Search and Viewer screen, and complete the **Override Consent Policy** section, then **Search** again to display the patient in the search results. If the patient has 42 CFR data in their record, a disclaimer will display in the banner at the top of the patient's Clinical Summary.

Some patient data is identified and blocked by system logic (such as HIV/STI/SUD data). To accommodate privacy regulations, the system will determine if there are HIV/STI/SUD codes present in the patient's record. If this data is found, the Sensitive Data button will display in the patient's Clinical Summary banner to provide a mechanism for the clinician to enter additional consent information to see this data. If the clinician does not enter this additional consent information, the patient's information will be displayed but without the sensitive data. In addition, like the 42 CFR data, a disclaimer will display in the Clinical Summary with information regarding the sensitive data being displayed.

Patients can choose to opt out of the HIE by notifying BSCC or their provider that they do not want their data to be shared. For more information on the opt out process and to access the Opt-Out Form, please see the BSCC website. Patients can change their status at any time. Patients can request to change their consent status in two ways:

1. By submitting a form directly to the BSCC Help Desk.
2. By going through a participating facility.

Override Patient Consent

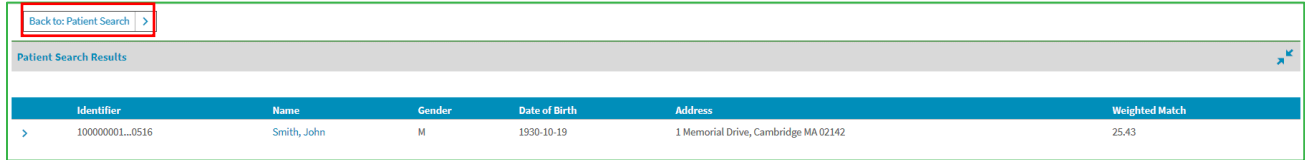| Override Consent Policy				
Override	☑		*Reason	
*Authorized by Patient	☐		*Authorization Type	○ Verbal ○ Written ◉ Emergency
	Authorized by Patient is a required field but has not been entered			
*Or by Other				

Based on the user's role, a clinician may be able to override consent to view patients with an opted out status or patients with 42 CFR data. If your role has permission to override patient consent, then you can use the Override Consent Policy checkbox to view those patients.

- Select the **Override Consent Policy** checkbox on the Search and Viewer screen.
- You are required to enter a **Reason** for the override.
- Select the Authorization Type:
  - **Verbal**
  - **Written**
  - **Emergency (default)**
- The **Authorized by Patient** checkbox is selected by default. If the patient does not authorize this override, **unselected** the checkbox.
  - A new field opens.

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o   Enter the **Or by Other**. This field is required when displayed.

Note: Any time you override patient consent, it goes on an audit report under your username.
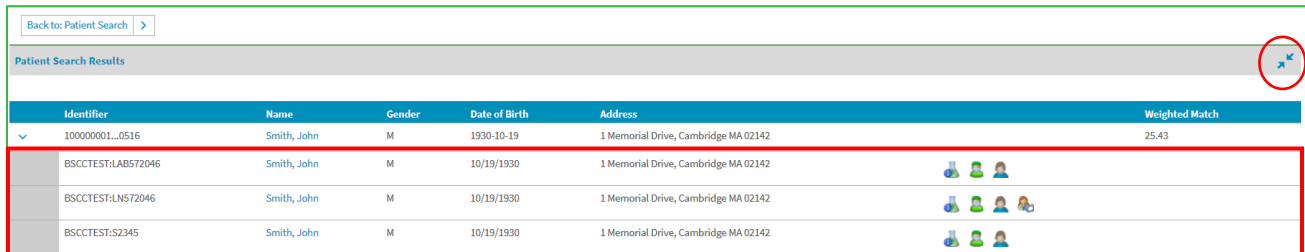
Search Results

Searching for a patient using demographics will result in up to 50 patients being returned. The HIE searches for patients based on a matching algorithm that takes typing errors into account. The default search results are based on a phonetic search. Therefore, results may include patient names with different spellings. When you search for a patient using their MRN and facility, the system will return an exact match. If an exact match was not found, the system will display No matches found!

If you did not get the intended results, return to the patient search by selecting the **Back to Patient Search** button at the top of the screen. All previously entered information will be displayed on the Search and Viewer screen for you to add to in order to refine results or select the **Clear** button and begin again.

Selecting the **expand**   icon at the top of the screen will expand the patient information to include all data sources. A list of MRNs and facilities will be displayed under each relevant patient along with informational icons. Scroll over an icon to view the information it represents within the patient's record associated with that MRN.

Search result information will be listed with the following columns:
- **Identifier**: all data sources for the patient's information. To see all included data sources, click on the **Expand/Arrow** icon next to the patient's identifiers.
- **Name**: patients are listed last name first. To view a patient's longitudinal medical record (one that includes data from all sources), click on the patient's name in the search results.
- **Gender**
- **Date of Birth**
- **Address**: patient's street, city, state, and Zip code.
- **Weighted Match**: indication of how well the result matches entered criteria. The higher the rank, the closer the match. Results display with the best match at the top of the list.

Selecting a patient from the list will display that patient's Clinical Summary.

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Information Type Icons

|						
BSCCTEST:LAB572046	Smith, John	M	1930-10-19	1 Memorial Drive, Cambridge MA 02142	
BSCCTEST:LN572046	Smith, John	M	1930-10-19	1 Memorial Drive, Cambridge MA 02142	
BSCCTEST:S2345	Smith, John	M	1930-10-19	1 Memorial Drive, Cambridge MA 02142	

Search results illustrate the type of information available in the medical record using icons. Each data source will list the type of information they contributed to the longitudinal medical record. You can hover over the icons to see what they represent.

You may see one or more of the following icons:

Encounter		The patient's record contains encounter history.
Observation		The patient's record contains vital signs.
Allergy		The patient's record contains allergy information.
Documents		The patient's record includes documents such as discharge summaries, admission notes, ED visit notes, consults and outpatient notes. Documents are viewed within the Clinical Summary, if available.
Diagnoses		The patient's record contains diagnoses.
Lab Results		The patient's record contains lab results.
Medications		The patient's record incldues current and/or historical medications.
Radiology Results		The patient's record contains radiology reports.
Vaccinations		The patient's record contains vaccination history.
History Data		The patient's record contains medical, social, and/or family history as well as social determinants.
Conditions		The patient's record contains current and/or historical problems.

Clinical Summary
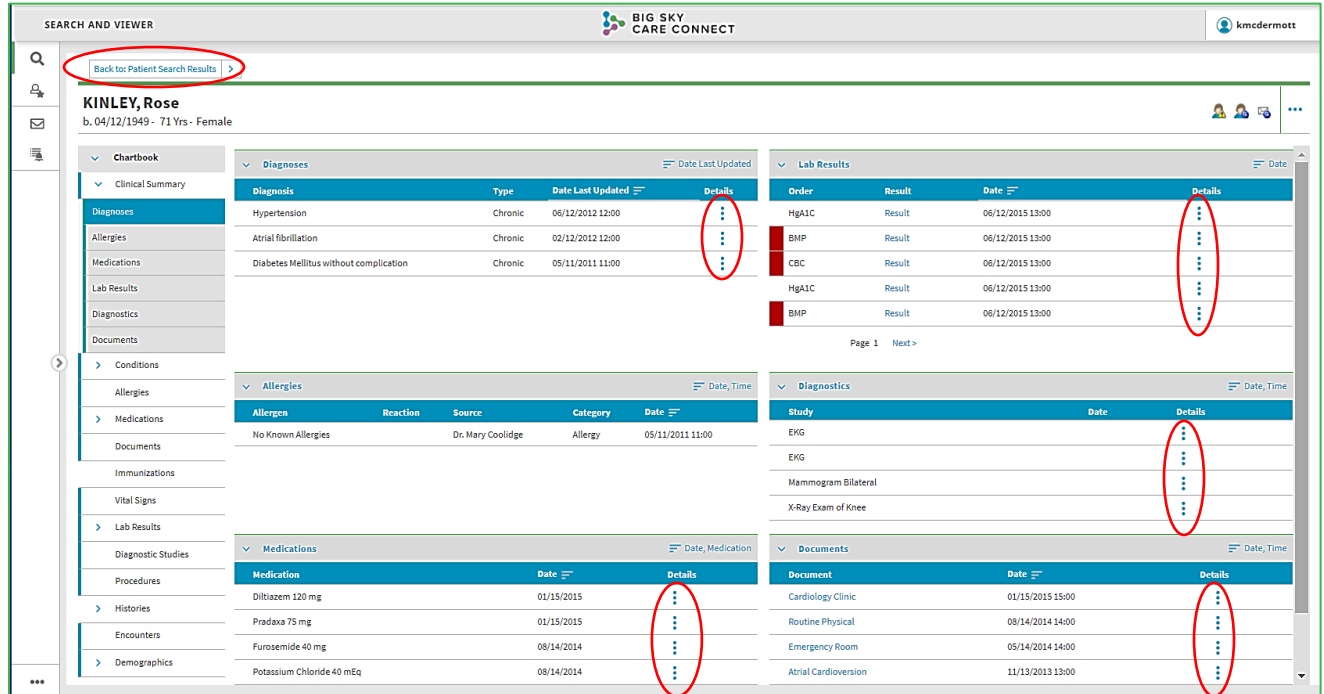

The Clinical Summary gives you a brief overview of the patient's allergies, medications, diagnoses, diagnostics, laboratory results, and documents. You can return to search results at any time by selecting the **Back to Patient Search Results** button at the top of the screen. To see more details about any of these items, click the **three dots** in the Details column, if available, for the appropriate information or click the appropriate Chartbook tab, located on the Chartbook menu to the left.

Text may appear at the top of the screen stating that not all data is retrieved yet, if the record contains a large amount of information. Refresh the screen by selecting the browser's **refresh** icon when the data has finished loading.

Features of the Clinical Summary screen include:

- Banner: at the top of the screen.
  - Patient's last name, first name, date of birth, date of death (if relevant), age, and gender display on the top left side of the banner.

  - The banner will display different information depending on the patient and the user's role.
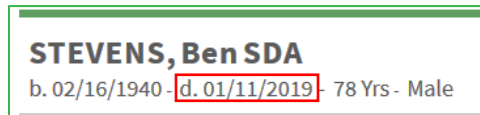
Note: When a patient is deceased, the date of death will be displayed on the screen.

  - Icons in the banner: these may be different depending on the user's role. Scroll over the icon for a description. You can select the icon to be taken to that part of the patient's record. Icons that may display include:

Ongoing Patient Alerts		Select to view alert information for the patient.

Patient has Allergies		Select to view the patient's allergy information.
Deceased		Patient is deceased.
Alias Names Exist		Select to view alias names associated with the patient.
Patient Demographics		Select to display the patient's demographics. The Patient Demographics screen displays. For more information about this screen, see the Demographics tab.
Other Addresses Exist		Select to view other addresses associated with the patient.

- **Access Summary** Ellipses (top right of banner)
  - o Click to display a quick summary, flyout, of the patient's demographics and to access the patient summary (select **Access Summary**). This flyout remains on all screens for the patient so you can ensure you always have the correct patient displayed.
- Quick glance sections of the Clinical Summary. Each section displays the five most recent results for a quick glance summary of the patient if it exists. Each section has a tab on the Chartbook menu for you to view more information.

Diagnoses					Date Last Updated
Diagnosis		Type	Date Last Updated		Details
Hypertension		Chronic	06/12/2012 12:00		⋮
Atrial fibrillation		Chronic	02/12/2012 12:00		⋮
Diabetes Mellitus without complication		Chronic	05/11/2011 11:00		⋮

Lab Results				Date
Order	Result	Date		Details
HgA1C	Result	06/12/2015 13:00		⋮
BMP	Result	06/12/2015 13:00		⋮
CBC	Result	06/12/2015 13:00		⋮
HgA1C	Result	06/12/2015 13:00		⋮
BMP	Result	06/12/2015 13:00		⋮

Page 1   Next >

Allergies					Date, Time
Allergen	Reaction	Source	Category	Date	
No Known Allergies		Dr. Mary Coolidge	Allergy	05/11/2011 11:00	

Diagnostics			Date, Time
Study		Date	Details
EKG			⋮
EKG			⋮
Mammogram Bilateral			⋮
X-Ray Exam of Knee			⋮

Medications			Date, Medication
Medication	Date		Details
Diltiazem 120 mg	01/15/2015		⋮
Pradaxa 75 mg	01/15/2015		⋮
Furosemide 40 mg	08/14/2014		⋮
Potassium Chloride 40 mEq	08/14/2014		⋮

Documents			Date, Time
Document	Date		Details
Cardiology Clinic	01/15/2015 15:00		⋮
Routine Physical	08/14/2014 14:00		⋮
Emergency Room	05/14/2014 14:00		⋮
Atrial Cardioversion	11/13/2013 13:00		⋮

o Diagnoses

Diagnoses		Date Last Updated	
Diagnosis	**Type**	**Date Last Updated**	**Details**
Hypertension	Chronic	06/12/2012 12:00	⋮
Atrial fibrillation	Chronic	02/12/2012 12:00	⋮
Diabetes Mellitus without complication	Chronic	05/11/2011 11:00	⋮

- **Diagnosis**: particular disease/diagnosis
- **Type**: type of diagnosis
- **Date Last Updated**: date the encounter was last updated. Select this column heading to sort by date/time.
- **Details**: select to view a more detailed description of the diagnosis.

Back to: Chartbook >

STEVENS, Ben SDA
b. 02/16/1940 - d. 01/11/2019 - 78 Yrs - Male

Diagnosis

Diagnosis	Acute myocardial infarction
Symptom	
Notes	
Diagnosis Status	Active
Diagnosis Type	T21
Diagnosis (Desc Only)	Acute myocardial infarction
Diagnosis (Alternate Desc)	
ICD Code	AMC22
Last Update Date	08/04/2019
Last Update Time	11:00
Last Update User	JOE DISNEY
Last Update Hospital	CGH

- Return to the Clinical Summary at any time by selecting the **Back to Chartbook** button at the top of the screen.

o Lab Results

Note: Orders with abnormal results will have a red bar to indicate the abnormal result.

Lab Results		Date	
Order	**Result**	**Date**	**Details**
CBC+ AUTOMATED DIFFERENTIAL	Result	10/05/2019 09:29	⋮
CBC+ AUTOMATED DIFFERENTIAL	Result	01/25/2019 19:00	⋮
CBC+ AUTOMATED DIFFERENTIAL	Result	12/06/2018 10:49	⋮

- **Order**: lab test

- **Result**: select to display more details on the lab results.
- **Date**: date/time the results were obtained. Select this column heading to sort by date/time.
- **Details**: select to view the lab results report.

Results Detail

CBC+ AUTOMATED DIFFERENTIAL

Order Start Date	10/05/2019		Order Details	Cumulative
Order Start Time	12:35	Result Date	10/07/2019	
Ordering Clinician	Moore, James(Desc.)	Result Time	09:00	
Specimen	Blood	Result Status	Final	
Specimen Collection Date	10/05/2019	Placer ID	00265-001	
Specimen Collection Time	09:29	Last Update Date	11/08/2019	
Specimen Received Date	10/05/2019	Last Update Time	10:30	
Specimen Received Time	15:00	Age at Time of Test	79 Years	

Test Item	Flag	Value	Units	Normal Values	Test Item Status	Comments	Sensitivities	Message Flag	Observation Time	Performed At
WHITE BLOOD CELL COUNT	Normal	6.1	10(9)/L	4.0 - 10.6	Final	This person has some white blood cells		High Panic	10/05/2019	CGH
RED BLOOD CELL COUNT	Normal	4.99	10x12/L	4.5 - 5.9	Final				10/05/2019	
HEMOGLOBIN	Normal	13.6	g/dL	12.0 - 16.0	Final				10/05/2019	

Note: Selecting the **Results** column and the three dots in the **Details** column both lead to the **Results Detail** screen.

- Return to the **Clinical Summary** at any time by selecting the **Back to Chartbook** button at the top of the screen.
  - o Allergies

Allergies   Date, Time

Allergen	Reaction	Source	Category	Date
Eggs	Itch and rash		Food Allergy	
Radiocontrast Dye	Generalized urticaria and skin flush		Drug Allergy	06/27/2015 00:00

- **Allergen**: name of allergen
- **Reaction**: reaction to the allergen
- **Source**: the person or organization that reported the allergy.
- **Category**: category the allergen falls under
- **Date**: date/time allergy was reported. Select this column heading to sort by date/time.

o Diagnostics

Diagnostics		Date, Time
Study	**Date**	**Details**
MAMMO & BREAST U/S	12/14/2008 20:23	⋮

- **Study**: name diagnostic study such as images and cardiology
- **Date**: date/time the study was completed. Select this column heading to sort by date/time.
- **Details**: select to view details about the study and the results.

MAMMO & BREAST U/S

Order Details

Specimen Collection Date	10/14/2008	Last Update Date	12/14/2008
Specimen Collection Time	20:30	Last Update Time	20:23
Ordering Clinician	Wayne Chase	Result Status	Entered
		Filler Number	FSNSDA4985-ac
		Last Update Hospital	Long Island Jewish Medical Center
		Age at Time of Test	68 Years

Result

```
MAMMOGRAPHY & BREAST ULTRASOUND

Both breasts were examined in the CC and MLO projections.

On the mammogram a small circumscribed density is seen in the inner outer aspect
of the left breast measuring up to 1 cm in size.

No further circumscribed or spiculated lesions could be seen on either side.

There are a few scattered benign calcifications on the left side.  There are no
suspicious clusters of microcalcification.
```

- Return to the Clinical Summary at any time by selecting the **Back to Chartbook** button at the top of the screen.

o Medications

Medications		Date, Medication
Medication	**Date**	**Details**
Diltiazem 120 mg	01/15/2015	⋮
Pradaxa 75 mg	01/15/2015	⋮
Furosemide 40 mg	08/14/2014	⋮
Potassium Chloride 40 mEq	08/14/2014	⋮
Magnesium Oxide 200 mg	07/13/2013	⋮
Page 1 Next >		

- Medication: name of the medication. Select this column heading to sort by the medication name.
- Date: starting date of medication. This is collected from the source of the medication data. Select this column heading to sort by date.
- Details: select to view more details about the medication.

- Return to the Clinical Summary at any time by selecting the **Back to Chartbook** button at the top of the screen.

o Documents

- Document: file name of document. Select to view the document.
- Date: date/time document was created. Select this column heading to sort by date/time.

▪ **Details**: select to view the document and notes screen.

Documents and Notes	
Clinician	Sam Farrell
Doc Type	Progress note
Document	FILENAME.DOC
External Id	123456432345
Status	Available for patient care
Notes	Admitted with unstable sugar levels. For review/observation for next few days.
Activity Date	12/25/2018
Transcription Date	12/26/2019
Authorization Date	12/25/2019
Last Update Date	10/23/2019
Last Update User Hospital	CGH

(Activity Time 13:00; Transcription Time 13:10; Authorization Time 14:25; Last Update Time 12:19)

- Return to the **Clinical Summary** at any time by selecting the **Back to Chartbook** button at the top of the screen.
- **Chartbook Menu** – the view defaults to the quick glance sections of **Clinical Summary** tab when first opened.
    - o Tabs with a blue bar indicate information is available in that tab.
    - o Tabs without data will remain white.
    - o Tabs with subtabs or sections will have an arrow. Select the arrow to expand or minimize the subtabs.
    - o Clicking on a tab, opens that detailed section of the patient's longitudinal record.

Patient Event Notifications

Notifications can be sent to providers as patients experience significant events such as hospital admissions, discharges or ED visits. Any care team member can subscribe to receive notifications by submitting a patient panel to BSCC. Once the information has been loaded, the provider will receive a message for any of the triggering events through Direct Secure Messaging. If you are interested in subscribing to this feature, please contact your Partner Success Manager or BSCC Help Desk.

Access Patient Summary Report

1. To access the Patient Summary Report, select the Access Summary ellipses on the right of the Clinical Summary.
2. Then select Access Summary.

Note: To return to the Clinical Summary, select the Back to Chartbook button at the top of the screen.

3. View the patient's longitudinal medical record. The view defaults to Patient Summary (HTML).
4. To change this view, select the View As dropdown menu.
   a. You can view the report in the following formats:
      ▪ Consolidated CDA CCD
      ▪ Consolidated CDAv2.1 CCD
      ▪ Patient Summary (HTML)
      ▪ Patient Summary (PDF)

The Patient Summary report includes details for each section of the patient's clinical summary, if available.

5. To view this document as a Consolidated Continuity of Care document, click View As and select Consolidated CDA CCD or Consolidated CDAv2.1 CCD from the dropdown list.

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6. The Consolidated CCD displays.
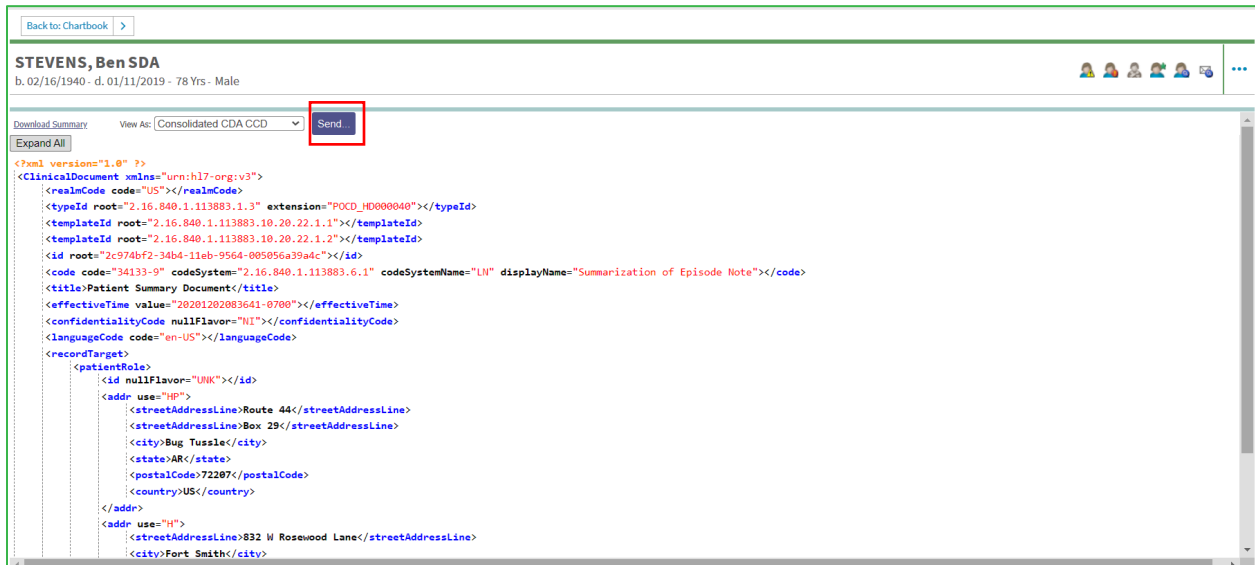
7. You can send the patient's Consolidated CCD directly from this screen by selecting the Send button. For more information on sending a CCD, see the Send Patient Summary Report section of this manual.
8. To view this report as a Patient Summary record, View As should be Patient Summary (HTML) or Patient Summary (PDF)
9. Click the Report dropdown menu. This only displays if the report format is HTML or PDF.
10. Select Patient Summary Report or Patient Summary Report (Expanded) depending on the information you wish to display.
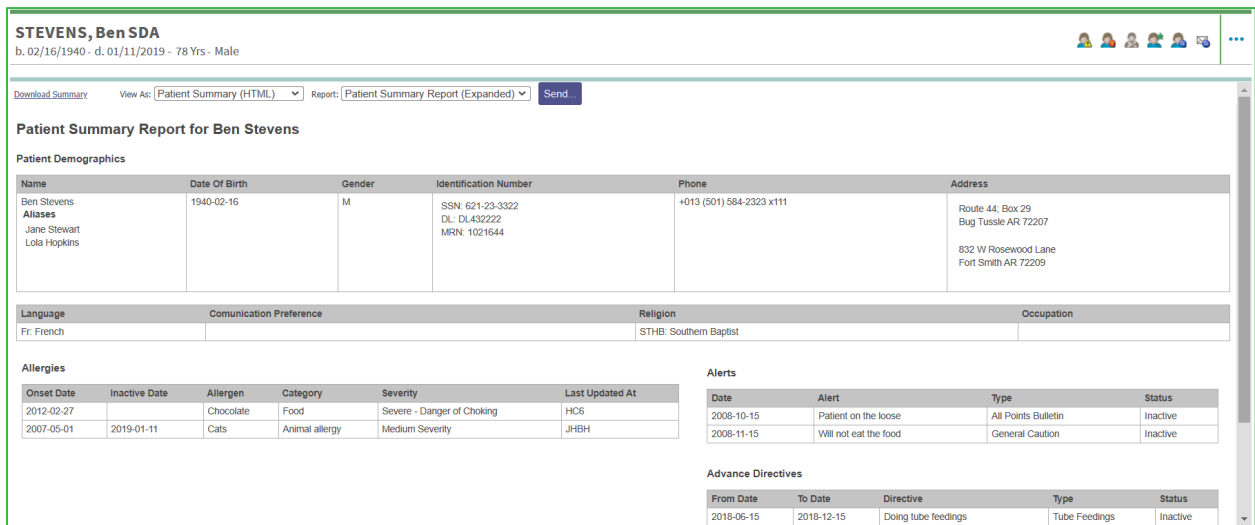
The Patient Summary Report contains the following information:
- Summary of patient demographics
- Encounters
- Allergies
- Medications

- Diagnoses
- Lab results

The Patient Summary Report (Expanded) contains the following information:
- All patient demographics
- Allergies
- Alerts
- Advance directives
- Patient-Clinician relationships
- Program memberships
- Appointments
- Immunizations
- Encounters
- Allergies
- Medications
- Radiology
- Observations
- Procedures
- Physical exams
- Problems
- Document list
- Histories
- Diagnoses
- Death information, if relevant
- Lab results
- Information about people and organizations the patient has a relationship with

Download Patient Summary

Warning: Downloading documents may present security and privacy risks. You are responsible for the privacy and security of all downloaded documents and downloaded documents should be securely removed from the local device after use. You must also follow all applicable policies concerning protected health information from your organization.

If you do not have DSM through your organization's HIE participation, then you may have to download the patient summary report to send it through a third-party DSM service provider.

1. To download the patient summary report, click **Download Summary** at the top of the Patient Summary Report screen.
2. The Download Summary Report window displays.
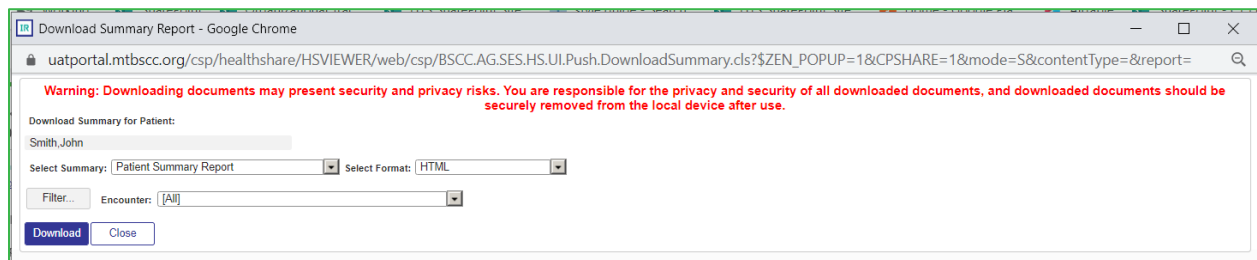
The patient's name displays under Download Summary for Patient.

3. Select the Select Summary dropdown to pick the desired report.
   a. **Patient Summary Report**
   b. **Patient Summary Report (Expanded)**
   c. **Consolidated CDA CCD**
   d. **Consolidated CDAv2.1 CCD**
4. Select the **Select Format** dropdown to pick the desired format.
   a. **HTML**
   b. **PDF**
   c. **XML**
5. To filter the report and show only specific sections, select the **Filter** button.
   a. The Patient Summary Filters window displays.
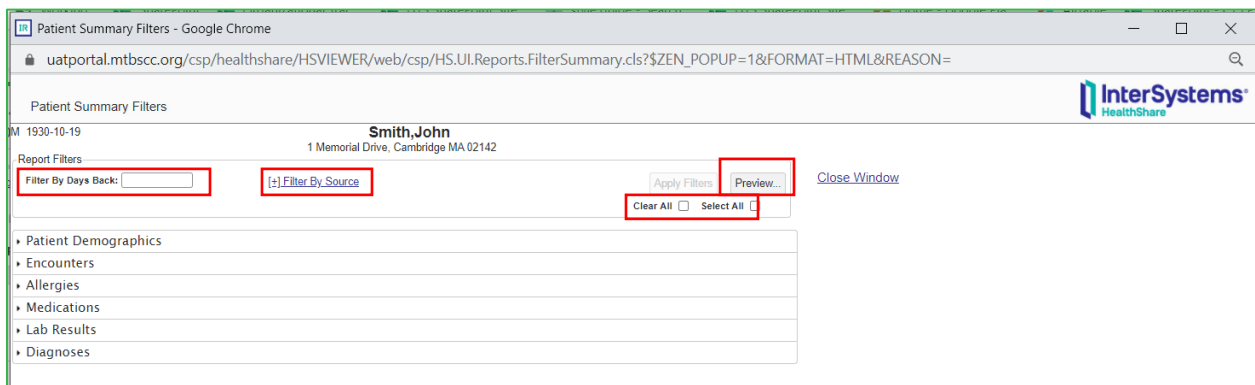
b. You can **Filter By Days Back** by entering the number of days back you would like the report to cover.
c. **Filter By Source** lets you filter by the inputting organization.
d. **Apply Filters** button applies the selected filters.
e. **Preview** button allows you to view the report with the desired filters.
f. You can **Clear All** filters or **Select All** filters by selecting the appropriate checkbox in the Report Filters section.

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g. Select each section header from the report to expand it and pick and choose the information you wish include in the report. This is optional.

h. After you have selected the desired filters, select **Close Window** to return to the Download Summary Report with the filters.
6. Select the **Encounter** dropdown to limit the report to a specific encounter.
7. Select **Download** to download the desired report or **Close** to return to the Patient Summary Report screen.

Send Patient Summary Report

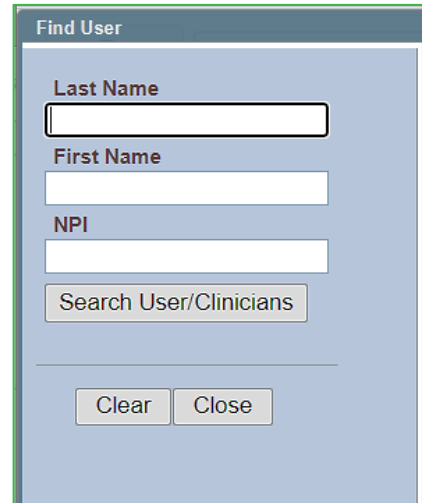If your organization has DSM through the HIE, you do not have to download the patient summary report to send it.

1. To send the Patient Summary Report to another clinician through the HIE, select the **Send** button from the Patient Summary screen.

Note: This button will not be an option if you do not have DSM through the HIE.

2. The Send Summary Report window displays.
3. Select the **To:** button to search for a recipient to send the summary. Or, type the desired recipient in the **To:** field.
    a. Enter the recipient's **Last Name** and **First Name** or enter the **NPI** of the recipient.
    b. Then select the **Search User/Clinicians** button. The entire directory is searched, and matching information will display.

Name	NPI	DirectEmail	Organization Name	Address	
, Jeanette		jeanett	BSCC - Preprod UAT	203	

   - Name: last, then first.
   - NPI: National Provider Identifier, if available.
   - DirectEmail address for recipient.
   - Organization Name: if available.
   - Address: physical address of the recipient.

    c. Select the desired recipient from the search results and the **To:** field is auto-filled.
    d. Repeat this process to add more recipients.
2. If necessary, repeat step 1 for the **Cc:** field.
3. To filter the report and send only specific sections, select the **Filter** button. The Patient Summary Filters window displays. Select the desired filters and return to the Send Summary Report window by selecting **Close Window**.
4. Limit the report to specific encounters from the **Encounter** dropdown.
5. Select **Summary Options** to select the format of the report.
    a. Select **Send As** to select the desired format of the report.
        - Consolidated CDA CCD
        - Consolidated CDAv2.1 CCD
        - Patient Summary (HTML)
        - Patient Summary (PDF)
    b. Select **Report** to select the desired length of the report.
        - Patient Summary Report
        - Patient Summary Report (Expanded)
6. Select the **Preview** button to see how the Patient Summary Report will be displayed.
7. Enter the subject of the message in the **Subject** field.
8. Enter a **Note**.
9. Select the **Attachments +** icon to attach other documentation to this message.

    a. Select the **Choose File** button to open your computer file window.

b. Select the desired attachment.
c. Select the **Attach** button. The attached file name will display at the bottom of the message.
d. To delete the attachment, select the **X** icon to the right of the attachment.
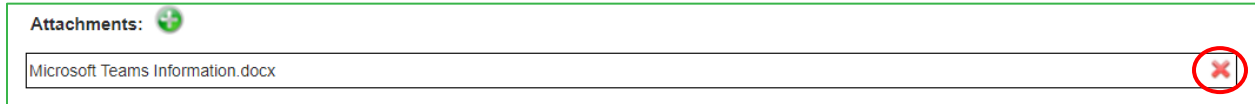
10. Either **Send** the summary, **Save Draft** to save to your **Messages**, or **Cancel**.

Note: For more information on how to send messages and reports, see the Messages section of this manual.

Chartbook Tabs

The **Clinical Summary** is divided by **Chartbook Tabs**. To see more details about any of these items, click on the tab located on the left side of the screen. Tabs that contain patient data will have a blue bar on the left side of the tab. Tabs without data will remain white. Tabs with a green bar signifies new information for that tab.

Tabs with subtabs will have an arrow. Select the arrow to expand or minimize the subtabs.

Clinical Summary Tab

When a patient is selected, the system automatically opens to the **Clinical Summary** quick view. To return to the **Clinical Summary** while in the patient's record, select the **Clinical Summary** tab from the **Chartbook** menu. The subtabs consist of the quick view sections displayed in the **Clinical Summary**. For more information, see the Clinical Summary section of this manual.

Conditions Tab

Diagnoses				
Diagnosis	**Facility**	**Status**	**Type**	**Date Last Updated**
Acute myocardial infarction	CGH	Active	T21	08/04/2019 11:00
Acute myocardial infarction	EMERGENCY	Active	T2D	12/04/2018 11:00

Current Problems						
Problem	**Onset**	**End**	**Source**	**Facility**	**Status**	**Date**

Historical Problems						
Problem	**Onset**	**End**	**Source**	**Facility**	**Status**	**Date**
Left ear	01/02/2009	01/13/2020	Transcriptionist, Jake(Desc.)	John's Hospital for Celebs	Rule Out	01/04/2009 16:30
Right shoulder	01/02/2009	01/13/2009	Transcriptionist, Jake(Desc.)	John's Hospital for Celebs	Active (55561003_t102)	01/04/2009 16:30

Select the **Conditions** tab from the Chartbook menu to view the patient's diagnoses, current problems, and historical problems. You can search each section and sort results by the **Date Last Updated** and/or **Diagnosis/Problem** columns. The tab includes:

- Diagnoses section:
    - o Diagnosis: name of the diagnosis. Select this column heading to sort by the diagnosis name.
    - o Facility: facility or organization reporting the diagnosis
    - o Status: last updated status of the diagnosis
    - o Type: code for the type of diagnosis
    - o Date Last Updated: date/time the diagnosis was last updated. Select this column heading to sort by date/time.
- Current Problems section:
    - o Problem: name of problem. Select this column heading to sort by the problem name.
    - o Onset: date of onset
    - o End: date problem ended
    - o Source: person reporting the problem
    - o Facility: facility where the patient was when the problem was reported
    - o Status: last updated status of the problem
    - o Date: date/time problem was reported. Select this column heading to sort by the date/time.
- Historical Problems section:
    - o Problem: name of problem. Select this column heading to sort by the problem name.
    - o Onset: date of onset
    - o End: date problem ended
    - o Source: person reporting the problem
    - o Facility: facility where the patient was when the problem was reported
    - o Status: active or inactive
    - o Date: date/time problem was reported. Select this column heading to sort by the date/time.

Allergies Tab

Allergies							Search	Date, Category
Allergen	**Reaction**	**Severity**	**Onset**	**Status**	**Facility**	**Category**	**Date**	
Chocolate	Sneeze	Severe - Danger of Choking	02/27/2012	Active	HC6	Food	02/28/2012	
Cats	HIVES	Medium Severity	05/01/2007	Inactive	Johns Awesome Fun Hospital	Animal allergy	01/11/2009	

Select the **Allergies** tab from the **Chartbook** menu to view the list of recorded allergies for the patient. You can search and sort results by **Date** and/or **Category**. The tab includes:

- **Allergen**: name of the allergen (e.g., aspirin, peanuts)
- **Reaction**: patient's reaction/symptoms to the allergen
- **Severity**: severity of the patient's reaction to the allergen
- **Onset**: date the allergy was first discovered
- **Status**: active or inactive
- **Facility**: organization reporting the allergy
- **Category**: general category of the allergy. Select this column heading to sort by the category.
- **Date**: date allergy was reported. Select this column heading to sort by the date.

Medications Tab

Current Medications				Search	Date, Medication
Medication	**Source**	**Ordering Clinician**	**Date**	**Details**	

Historical Medications				Search	Date, Medication
Medication	**Source**	**Ordering Clinician**	**Date**	**Details**	
morphine (MS Contin) 15 mg tablet extended release	DrFirst	Jeremiah Sacani	05/25/2020	⋮	
morphine (MS Contin) 15 mg tablet extended release	DrFirst	Gregory House	05/19/2020	⋮	
morphine 30 mg tablet	DrFirst	Henry Hank Lawson	05/18/2020	⋮	
morphine (MS Contin) 15 mg tablet extended release	DrFirst	Mark Greene	05/15/2020	⋮	
sennosides (senna) 8.6 mg tablet	DrFirst	Mark Sloan	05/15/2020	⋮	
morphine (MS Contin) 15 mg tablet extended release	DrFirst	Douglas Doogie Howser	05/13/2020	⋮	
morphine 30 mg tablet	DrFirst	Henry Hank Lawson	05/07/2020	⋮	
levetiracetam (Keppra) 500 mg tablet	DrFirst	Camille Saroyan	05/02/2020	⋮	
hydroxyurea 500 mg capsule	DrFirst	Camille Saroyan	05/01/2020	⋮	
diazepam (Valium) 2 mg tablet	DrFirst	Camille Saroyan	04/12/2020	⋮	
warfarin 5 mg tablet	DrFirst	Dr Andrew Oakley	03/22/2020	⋮	
docusate sodium 100 mg capsule	DrFirst	Camille Saroyan	03/01/2020	⋮	
docusate sodium 100 mg capsule	DrFirst	Camille Saroyan	12/03/2019	⋮	
docusate sodium 100 mg capsule	DrFirst	Camille Saroyan	09/05/2019	⋮	

Select the **Medications** tab from the **Chartbook** menu to view the patient's prescribed and filled medications. If medications have a start date within the last 90 days, they will appear under **Current Medications**. Medications older than 90 days appear under **Historical Medications**. You can search both sections and sort results by **Date** and/or **Medication**.

Note: It is advised that you sort the medication list by the medication name, which groups all medications by the same name together, and then by the date column to view how many times the patient has had a specific medication.

The tab includes:

- **Medication**: name of the medication (e.g., Aspirin). Select this column heading to sort by medication name.
- **Source**: source of the medication information
- **Ordering Clinician**: name of ordering clinician. You may only see a number for the ordering clinician. This occurs if the clinician information sent from the source does not appear in the active directory.
- **Date**: date the source provided the medication information. Select this column heading to sort by date.
- **Details**: select the **ellipses** to view the medication order detail, if available.

- o The top of the medication **Order Details** screen displays the name of the medication, the drug form, the dose, form, and units, frequency, and duration. This is helpful to get the important information quickly about this specific medication.
- o Details that may be available include:
  - ▪ **Administrative Details**

Administration Details							
Dose / Form	100	Units	Vile	Order Status	Verified		
Drug Form	Sp of Tabs			Start Date	11/22/2019	Start Time	10:55
Route	Arm Vein			End Date	01/04/2020	End Time	13:30
Frequency	Daily						
Duration	2 Weeks			Fill Date	11/10/2019	Fill Time	09:23
Number of Refills	3						
Indication	HeadAche						

- • Lists the dose/form, units, drug form, route, frequency, durations, number of refills, indication, order status, start date and time, end date and time, and fill date and time, if that information is available for the medication.
  - ▪ **Order Notes**

Order Notes			
Comments		Text Instructions	take 1 by mouth twice daily

- • Lists any comments and text instructions. Text instructions will be helpful to review to know how often the patient is to take the medication.
  - ▪ **Order Details**

Order Details			
Priority	Normal	Entered At	Your Neighbor Pharmacy #27
Ordering Clinician	Jeremiah Sacani	Entered By	DrFirst
Authorizing Clinician		Date Written	05/25/2020 / Time Written 00:00

- • Lists the priority, ordering clinician, authorizing clinician, entered at, entered by, and date and time written.
- o Return to the **Medications** tab by selecting the **Back to Chartbook** button located at the top of the screen.

Documents Tab

Warning: Downloading documents may present security and privacy risks. Downloaded documents should be removed from the local drive after use.
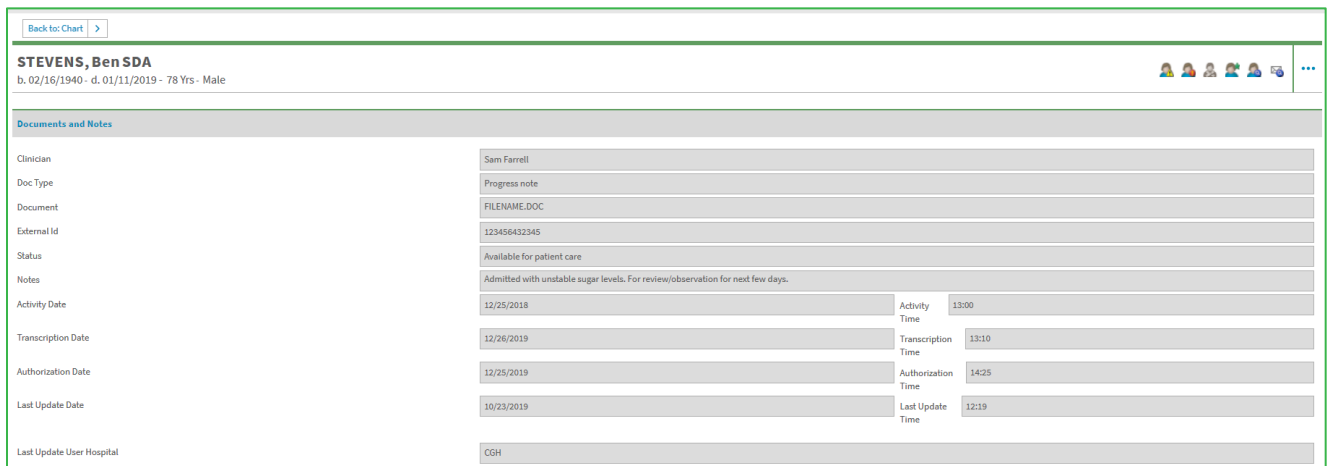
Documents				Search	Date, Document
Document	**Source**	**Facility**	**Date**	**Details**	
FILENAME.DOC	Sam Farrell	CGH	12/25/2018 13:00	⋮	

Select the **Documents** tab from the **Chartbook** menu to view the patient's documents. Any documents not included in the **Lab Results** tab will be placed in the Documents tab. You can search the results and sort by **Date** and/or **Document** name. The tab includes:

- • **Document:** name of the document (e.g., Discharge Summary). Select this column heading to sort by document name. Click the name of the document to view the document.
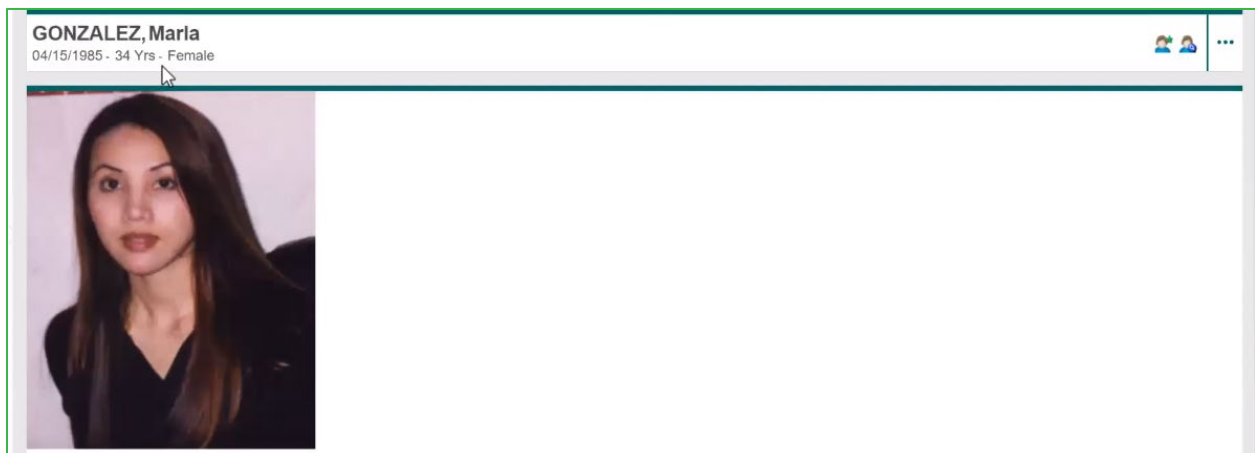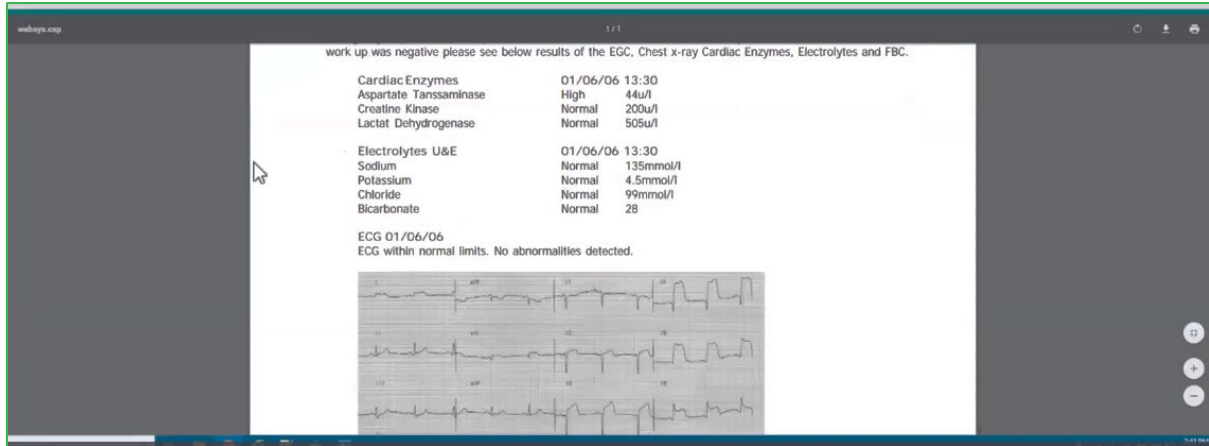
- **Source**: person who uploaded the document to patient's record
- **Facility:** facility that uploaded the document
- **Date:** date/time the document was created. Select this column heading to sort by the date.
- **Details:** click to see the Documents and Notes screen, if available

Back to: Chart >

STEVENS, Ben SDA
b. 02/16/1940 - d. 01/11/2019 - 78 Yrs - Male

Documents and Notes

Clinician	Sam Farrell
Doc Type	Progress note
Document	FILENAME.DOC
External Id	123456432345
Status	Available for patient care
Notes	Admitted with unstable sugar levels. For review/observation for next few days.

Activity Date	12/25/2018	Activity Time	13:00
Transcription Date	12/26/2019	Transcription Time	13:10
Authorization Date	12/25/2019	Authorization Time	14:25
Last Update Date	10/23/2019	Last Update Time	12:19
Last Update User Hospital	CGH		

o Return to the Documents tab by selecting the **Back to Chartbook** button at the top of the screen.

You can expect to find the following types of documents in the Documents tab:
- Consolidated CDA
- Patient Discharge Summary
- Nursing Service Measures
- Physician Notes
- Physical Therapy Notes
- Patient Picture
- All other documents not included in the Labs Results tab.

Immunizations Tab

Immunization	Dose	Source	Date	Details
Anti-Flu Injection	10 percent	Dr Walter James Dorsey	08/14/2007	⋮
Hep-B Vaccine	2 perc		08/14/2007	⋮

Select the **Immunizations** tab from the Chartbook menu to view a list of the patient's vaccinations. You can search the results and sort by **Date** and/or **Immunization**. This tab includes:
- **Immunization**: name of the vaccination. Select this column heading to sort by immunization.
- **Dose**: dose of the vaccination
- **Source**: person who administered or ordered the vaccination.
- **Date**: date the vaccination was given to the patient. Select this column heading to sort by the date.
- **Details**: select to view more details related to the immunization, if available.

STEVENS, Ben SDA
b. 02/16/1940 - d. 01/11/2019 - 78 Yrs - Male

oseltamivir — ANTI-FLU INJECTION — Extra Weak group of shots [Shots] — DOSE **10 percent** — QID — 7 Days

Order Details

Administration Details

Dose / Form	10	Units	percent	Order Status	Executed
Drug Form	Group of Shots			Order Start Date	08/14/2007	Order Start Time	15:00
Route	Topical				
Frequency	QID			Order End Date	08/14/2007	Order End Time	15:15
Duration	7 Days				
Number of Refills	5				
Indication	Requested				

Order Notes

Comments	THIS IS AN IMPORTANT COMMENT	Text Instructions	Inject right arm

Order Details

Priority	Normal (N_t26)	Entered At	Wacky Hospital		
Ordering Clinician	Dr Walter James Dorsey	Entered By	Lum, Jo(Desc.)		
Authorizing Clinician	Joey Lumlio	Entered On	08/14/2007	Last Update Time	14:20

- o Details may include:
  - Administrative Details
  - Order Notes
  - Order Details
- o Select the **Back to Chartbook** button at the top of the screen to return to the Immunizations tab.

Vital Signs Tab

Vital	02/04/2020 14:45	02/04/2020 13:45	02/04/2020 12:45	02/04/2020 10:45	02/03/2020 14:45	02/03/2020 13:45	02/03/2020 12:45	02/03/2020 11:45	02/02/2020 20:00	02/02/2020 18:00	02/02/2020 16:00	
Respiratory Rate	21	23	20	19	22	23	22	25	22	22	20	
Heart Rate	92	89	89	88	92	89	90	88	92	89	90	
BP Systolic												
BP Diastolic												
Body Temperature	101.5	100.2	101.1	102.0	98.9	100.2	100.5	103.64	99.6	100.2	100.5	
Height												
Weight Measured												
Body mass index												

Select the **Vital Signs** tab from the Chartbook menu to view patient's vital sign details. Details display by date and time with the most recent listed first in the chart. The tab includes:

- Respiratory Rate
- Heart Rate
- BP Systolic
- BP Diastolic
- Body Temperature
- Height
- Weight Measured
- Body Mass Index

Note: click on any result to view more information about that result.

SMITH, John
b. 10/19/1930 · 90 Yrs · Male

Observations

Vital Signs

Observation	Value	Low Range	High Range	Comment
Respiratory Rate	21			
Heart Rate	92			
BP Systolic				
BP Diastolic				
Body Temperature	101.5			
Height				
Weight Measured				
Body mass index				

Date Administered	02/04/2020
Time Administered	14:45
User	

- o To return to the Vital Sign screen, select the **Back to Chartbook** button at the top of the screen.

- **Vital Signs** graphical representation

Lab Results Tab

Select the **Lab Results** tab from the **Chartbook** menu to view and compare laboratory orders and test results. The **Lab Results Table** can be searched, and lab orders can be filtered by **Collection Date** and/or **Lab Test**. A red bar will be to the left of the **Lab Test** name for abnormal results. The tab includes:

- Lab Results Table
  - o **Lab Test**: name of the test. Select this column heading to sort by the lab test name. Select this to view the **Test Item Details**.

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Back to: Chart >

STEVENS, Ben SDA
b. 02/16/1940 - d. 01/11/2019 - 78 Yrs - Male

∨ Test Item Details

Episode Hospital	CGH
Test Item Code	ATYP
Test Item	ATYPICAL LYMPHOCYTES
Value	10
Units	Percent
Reference Range	
Test Item Status	Preliminary
Other Flags	
Comments	

- ▪ Select the **Back to Chartbook** button at the top of the screen to return to the Lab Results tab.
  - o **Result**: actual result of test. Abnormal results will display in red.
  - o **Units**: units of the test (e.g., fL, m/u, %)
  - o **Flag**: displays if result is within normal or abnormal ranges, if relevant
  - o **Reference Range**: normal numerical range of test results, if relevant
  - o **Status**: status of test value findings including final, preliminary, or corrected
  - o **Trend**: compare test results of the same type for this patient side-by-side by clicking the **Cumulative Results** icon in this column, if available.

SMITH, John
b. 10/19/1930 - 89 Yrs - Male

Cumulative Graph

Test Items	02/04/2020 08:00	02/03/2020 19:00	02/02/2020 19:00
WHITE BLOOD CELL COUNT	8.1	5.1	6.1
RED BLOOD CELL COUNT	6.99 H	3.99 L	4.99
HEMOGLOBIN	13.6	13.7	13.6
HEMATOCRIT	41.6	41.5	41.6
MEAN CELL VOLUME	85	84	83.4
MEAN CELL HEMOGLOBIN	27.3	28.3	27.3
MEAN CELL HEMOGLOBIN CONC	32.7	32.7	32.7
RED CELL DISTRIB WIDTH	14.1	14	14.1
PLATELET COUNT - AUTOMATED	237	288	237
MEAN PLATELET VOLUME	9.0	9.2	9.0
# NEUTROPHILS	3.02	3	3.02
# LYMPHS	1.51	2	2.51
# MONOS	0.69	0.7	0.69
# EOSINOPHILS	0.01	0.01	0.01
# BASOPHILS	0.01	0.01	0.01
Percent NEUTROPHILS	58.3	58.3	48.3
Percent LYMPHS	60.2 H	30.2	40.2

- ▪ Select the **Back to Chartbook** button at the top of the screen to return to the Lab Results.
  - o **Order**: the lab test order. Select to display more details for the results.

- Select the **Order Details** link to view more details.

- Return to the Results Detail by selecting the **Back to Results Detail** button at the top of the screen.

BIG SKY CARE CONNECT

- Select the **Cumulative** link to view order results of the same type.

- Select any result to view more details. Select the **Return to Cumulative Results** button at the top of the screen to return to the previous screen.
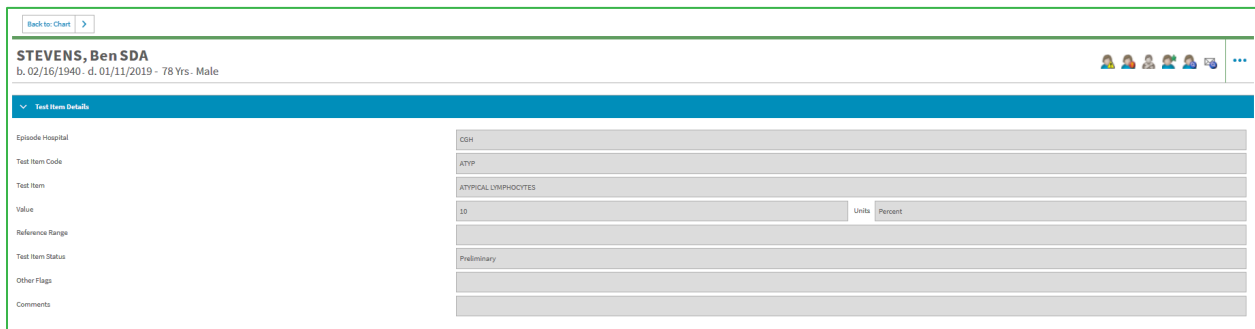- Select the **Item Cumulative Graph** link to graph the results to easily identify trends and changes over time. Graph details will be listed above the graph.

- Select the **Date From**, **Time From**, **Date To**, and **Time To** define the graph time parameters.
- Select or deselect the items listed to include in the graph. When adding or deselecting checkboxes, you must select the **Refresh Graph** button at the bottom of the screen.

o Return to the previous screen by selecting the **Return to Cumulative Results** button at the top of the screen.
- Select the **Back to Results Detail** button at the top of the screen to return to the previous screen.
  ▪ Return to Lab Results by selecting the **Back to Chart** button at the top of the screen.
o **Facility**: location where test was performed
o **Collection Date**: date labs were collected. Select this column heading to sort by collection date.
o **Collection Time**: time lab was performed
o **Details**: select to view the Test Item Details.

▪ Select the **Back to Chartbook** button at the top of the screen to return to the Lab Results.
- Lab Results by Date

o **Order**: lab test name
o **Trend**: compare test results of the same type for this patient side-by-side by clicking the **Cumulative Results** icon in this column, if available
o **Result 1, 2, 3**, etc.: selecting this will open the Results Detail view.

You can expect to find the following types of information in the Lab Results tab:
- Blood Gases
- Blood Bank
- Chemistry
- Cytopathology
- Hematology
- Immunology
- Laboratory
- Mycology
- Outside Lab

- Pathology
- Surgical Pathology
- Serology
- Toxicology
- Urinalysis
- Microbiology

Diagnostic Studies Tab

Select the **Diagnostic Studies** tab from the Chartbook menu to view patient studies. You can search the results and sort by **Date** and/or **Study**. This tab includes:

- **Study**: name of study. Select this column heading to sort by the study name.
- **Report**: select to view more details about the study.

- o You can select the **Order Details** link to view the Order Details screen.
- o Select the **Back to Chartbook** button at the top of the screen to return to the Diagnostic Studies tab.
- **Status**: status of the study
- **Facility**: facility the study was performed at
- **Ordering Provider**: provider that ordered the study.
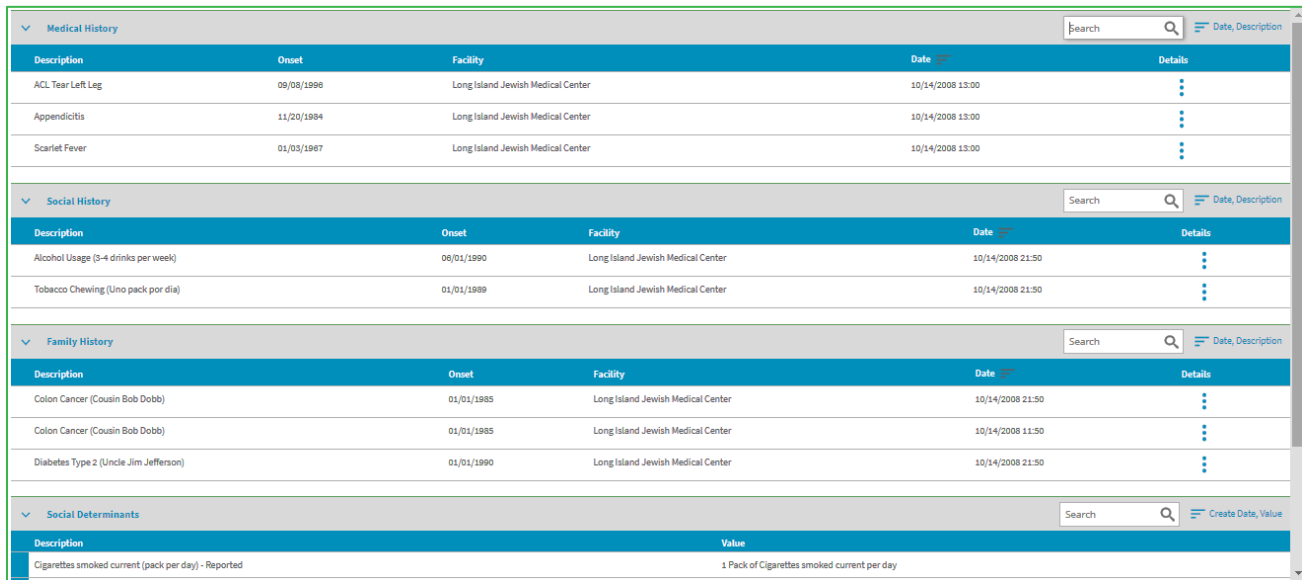- **Date**: date/time study was completed. Select this column heading to sort by date/time.

Procedures Tab

Select the **Procedures** tab from the Chartbook menu to view a list of the patient's procedures. You can search the results and sort by **Date** and/or **Procedure**. The tab includes:

- **Procedure**: procedure name. Select this column to sort by procedure name.
- **Procedure Date**: date procedure was performed.
- **Provider**: name of the provider who performed the procedure
- **Facility**: facility where the procedure was performed
- **Final Report Date**: date/time of the final report. Select this column heading to sort by date/time.

Histories Tab

Select the **Histories** tab from the Chartbook menu to view the patient's medical, social, and family history as well as social determinants. You can search the results in each section and sort by **Date** and/or **Description** in the Medical History, Social History, and Family History sections and by **Value** in the Social Determinants section. The tab includes:

- Medical History

- o **Description**: description of the problem/diagnosis. Select this column heading to sort by the description.
- o **Onset**: date/time problem/diagnosis occurred
- o **Facility**: facility reporting the problem/diagnosis
- o **Date**: date/time problem/diagnosis was reported. Select this column heading to sort by date/time.

o **Details**: select to view **Patient History Details**.

Back to: Chart >

STEVENS, Ben SDA
b. 02/16/1940 - d. 01/11/2019 - 78 Yrs - Male

Patient History Details

Medical History

Operation	
Disease	
Past History Condition	ACL Tear Left Leg

Onset Date	09/08/1996
Duration	Years / Months / Days
Last Update Hospital	Long Island Jewish Medical Center
Last Update User	Patient
Last Update Date	10/14/2008
Last Update Time	13:00
Comments	This was a sports injury.

- Select the **Back to Chartbook** button at the top of the screen to return to **Histories**.

- Social History

Social History			Search	Date, Description
Description	**Onset**	**Facility**	**Date**	**Details**
Alcohol Usage (3-4 drinks per week)	06/01/1990	Long Island Jewish Medical Center	10/14/2008 21:50	⋮
Tobacco Chewing (Uno pack por dia)	01/01/1989	Long Island Jewish Medical Center	10/14/2008 21:50	⋮

o **Description**: description of social problem/diagnosis. Select this column heading to sort by the description.
o **Onset**: date of onset
o **Facility**: facility reporting the problem/diagnosis
o **Date**: date/time reported. Select this column heading to sort by date/time.
o **Details**: select to view **Patient History Details**.
- Select the **Back to Chartbook** button at the top of the screen to return to **Histories**.

- Family History

Family History			Search	Date, Description
Description	**Onset**	**Facility**	**Date**	**Details**
Colon Cancer (Cousin Bob Dobb)	01/01/1985	Long Island Jewish Medical Center	10/14/2008 21:50	⋮
Colon Cancer (Cousin Bob Dobb)	01/01/1985	Long Island Jewish Medical Center	10/14/2008 11:50	⋮
Diabetes Type 2 (Uncle Jim Jefferson)	01/01/1990	Long Island Jewish Medical Center	10/14/2008 21:50	⋮

o **Description**: description of problem/diagnosis. Select this column heading to sort by the description.
o **Onset**: date of onset
o **Facility**: facility reporting the problem/diagnosis
o **Date**: date/time reported. Select this column heading to sort by date/time.
o **Details**: select to view **Patient History Details**.

- Select the **Back to Chartbook** button at the top of the screen to return to Histories.
- Social Determinants

Social Determinants	
Description	**Value**
Cigarettes smoked current (pack per day) - Reported	1 Pack of Cigarettes smoked current per day
How many people are living or staying at this address	4
Current educational attainment	Bachelor's degree (e.g., BA, AB, BS)
Farm Worker Status	No
Ethnicity	Non-Hispanic or Latino
Housing status	Patient lives in own home
Race	White

- **Description**: description of social determinant
- **Value**: value of social determinant

Encounters Tab

Encounters							
Type	**Start Date**	**End Date**	**Provider**	**Facility**	**Diagnosis**	**Local MRN**	**Insurance**
Outpatient	02/12/2021 11:00			BSCC Training		128456	⋮
Outpatient	07/15/2020 00:00			BSCC Training	J449; Heart Failure, Unspecified; Type 2 Diabetes Mellitus; Z0000	128456	⋮
Inpatient	10/09/2015 00:00	10/13/2015 11:01		BSCC Training	Acquired Absence Of Left Foot; Nontraumatic Ischemic Infarction Of Muscle, Unspecified Ankle And Foot; Type 1 Diabetes Mellitus With Hyperglycemia	128456	⋮
Outpatient	06/27/2015 00:00			BSCC Training	Peripheral Vascular Disease, Unspecified	128456	⋮

Select the **Encounters** tab from the **Chartbook** menu to view inpatient, outpatient, and emergency encounters. You can search the results and sort by **Start Date** and/or **Type**. The tab includes:

- **Type**: type of encounter (e.g., inpatient, outpatient, emergency). Select this column heading to sort by the type.
- **Start Date**: start date/time of the encounter. Select this column heading to sort by the start date/time.
- **End Date**: date/time the encounter ended.
- **Provider**: name of provider who saw patient during encounter.
- **Facility**: facility where the encounter took place
- **Diagnosis**: if encounter resulted in a diagnosis, it will be displayed here
- **Local MRN**: Medical Record Number of the encounter
- **Insurance**: insurance information provided during the encounter. Select to view Insurance Information, if applicable.

Back to: Chartbook >

STEVENS, Ben SDA
b. 02/16/1940 - d. 01/11/2019 - 78 Yrs - Male

Insurance Information					
Payor Code	**Payer**	**Plan**	**Card Number**	**Expires**	**Cardholder Name**
3	MEDICARE (3)	MEDICARE (Desc)	123121234A	10/01/2020	DONALD D DUCK

- o Information available under the Insurance Information screen includes:
  - Payor Code: insurance payor code
  - Payor: name of insurance provider. Select this column heading to sort by provider.
  - Plan: plan name
  - Card Number
  - Expires: date insurance expires
  - Cardholder Name
- o Select the Back to Chartbook button at the top of the screen to return to the Encounters screen.

Demographics Tab

Select the Demographics tab from the Chartbook menu to view the patient's demographic information.

The tab includes:

- Patient Details

- o **Title**
- o **First Name**
- o **Last Name**
- o **Middle Name**
- o **Suffix**
- o **Gender**
- o **Date of Birth**
- o **Age**
- o **Preferred Language**
- o **Translator Required**
- o **Inactive MRNs**
- Address Details

- o **Address**
- o **City**
- o **State**
- o **ZIP Code**
- o **Country**
- o **Home Phone**
- o **Business Phone**
- o **Mobile Phone**
- o **Email**
- Primary Care Contact

- o **PCP**
- Clinical Details

- o **Blood Type**
- **Additional Demographics**

Additional Demographics	
Race	White
Marital Status	Single
Religion	Southern Baptist
Date of Death	01/11/2019
Deceased Time	07:00
Location Of Death	Their bedroom
Declared Deceased By	DR Walt Peter Disney

- o **Race**
- o **Marital Status**
- o **Religion**
- o **Date of Death**
- o **Deceased Time**
- o **Location of Death**
- o **Declared Deceased By**

	MRN	**Patient Contacts**
Last Update Date	12/09/2019	
Last Update Time	07:00	
Last Update Hospital	North Shore University Hospital	
Last Update User	Maximum D Lomavich	

- **MRN**
  - o Selecting this link will open a new screen listing all active MRNs for the patient.

SMITH, John
b. 10/19/1930 - 89 Yrs - Male

Number	Organization
LAB572046	BSCCTEST
LN572046	BSCCTEST
S2345	BSCCTEST

  - o Return to the patient **Demographics** tab by selecting the **Back to Chartbook** button at the top of the screen.
- **Patient Contacts**
  - o Selecting this will open a new screen listing all patient contacts, if applicable.

Patient Contacts / Next of Kin   Search

First Name	Last Name	Relationship	Contact Type	Mobile Phone	Contact Phone Number	E-mail	Date
John	Pybas	Father			+44 (242) 123-1212 x333		
HUEY	DUCK	SO	Y	+011 (513) 584-9394 x400	+011 (513) 584-1234	duck@home.com	12/06/2018

  - o Return to the patient **Demographics** tab by selecting the **Back to Chartbook** button at the top of the screen.
- **Last Update Date**: latest date patient's demographics were updated

- **Last Update Time**: latest time patient's demographics were updated
- **Last Update Hospital**: latest organization to update patient's demographics
- **Last Update User**: latest user to update patient's demographics
- Insurance: you can search this section and sort by **Date**.

Payer	Plan	Card Number	Cardholder Name	Date Valid To	Date
MEDICARE	MEDICARE (Desc)	123121234A	DONALD D DUCK	10/01/2020	10/01/2003

- ○ **Payor**: name of insurance
- ○ **Plan**: name of plan
- ○ **Card Number**
- ○ **Cardholder Name**
- ○ **Date Valid To**
- ○ **Date**: date insurance became valid
- Support Contacts: you can search this section and sort by **Date**.
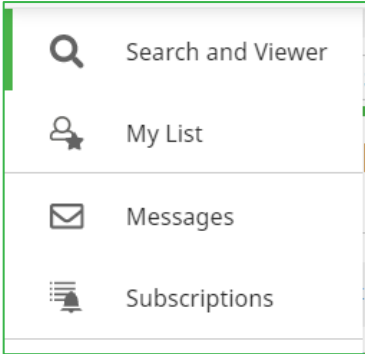
First Name	Last Name	Relationship	Contact Type	Mobile Phone	Contact Phone Number	E-mail	Date
John	Pybas	Father			+44 (242) 123-1212 x333		
HUEY	DUCK	SO	Y	+011 (513) 584-9394 x400	+011 (513) 584-1234	duck@home.com	12/06/2018

- ○ **First Name**
- ○ **Last Name**
- ○ **Relationship**: relationship to the patient
- ○ **Contact Type**
- ○ **Mobile Number**
- ○ **Contact Phone Number**
- ○ **Email**
- ○ **Date**: date contact was identified

Menu

On the left-hand side of every screen, a menu that contains icons displays. If one or more of the icons do not display, it means you currently do not have access to that application. Select the **right arrow** or the **ellipses** to expand the Menu. This displays the text associated with the icons. Select these again to close the full menu view.

- To view **My List**, click on .

- To view **Messages**, click on .

- To view your **Subscriptions**, click on .

- To return to the **Search and Viewer**, click on .

My List

Select **My List** icon from the menu. The **My List** screen displays. Use the **My List** to keep track of specific patients. You **My List** is associated with your username, and you have complete control over how to best utilize this list.

Add a patient to the list:
1. From the list, select the **Add Patient** link at the top of the screen. You are returned to the **Patient Search** screen.
2. Enter search criteria to find the patient you wish to add to the **My List**.
3. Select the **Search** button.

4. Select the name of the patient from the Patient Search Results screen and that patient is added to your My List.

Information displayed in the list includes:
- **Name**: patient's name displayed last name first in alphabetical order
- **Date of Birth**: patient's date of birth in MM/DD/YY format
- **Age**: patient's age based on date of birth
- **Gender**
- **PCP**: patient's Primary Care Provider
- **PCP Phone**: Primary Care Provider's phone number
- **Override Consent Policy** checkbox located at the top of the list: you can add patients that have been opted out of the HIE or have sensitive data to your My List. Use this checkbox to override consent from My List and enter the required information to view that patient. See the Override Patient Consent section of this manual for more information. Remember, every time you override a patient's consent, this information goes on an audit log report.

Selecting a patient's name from the list opens that patient's Clinical Summary.

Remove a patient from the list:
1. Select the **ellipses** to the right of the patient.
2. Select **Delete Patient from List**.

3. The patient is removed from your My List.

Messages

Select the **Messages** icon from the menu. You are taken to the Messages screen. BSCC provides Direct messages and outbound messaging based on inbound ADT events. If your organization has DSM as part of your subscription with the HIE, then you have access to this service. If your

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organization does not have DSM as part of your subscription, then, when this icon is selected, a message will appear stating you do not have access to this service.

Direct Secure Message Subscriptions

When this subscription is triggered, a Continuity of Care Document in the C-CDA R2.1 format will be generated including all known clinical records for the patient. The Continuity of Care Document will be delivered via DSM to a single designated direct email address per subscription. From Messages, a user will be able to select from a list of providers to send a message to. These providers are searchable from a custom interface that is integrated with SES for the Provider Directory. Participants can send a C-CDA into the HIE via direct messaging. The C-CDA document is received, parsed, and stored in the patient's chart.

The Messages screen has the following menu options:

- **Compose**: select to send a new message.
- **Inbox**: this mailbox is the default. The screen automatically displays received messages here.
- **Sent**: select this to view messages you have sent.
- **Deleted**: select this to view messages you have deleted.
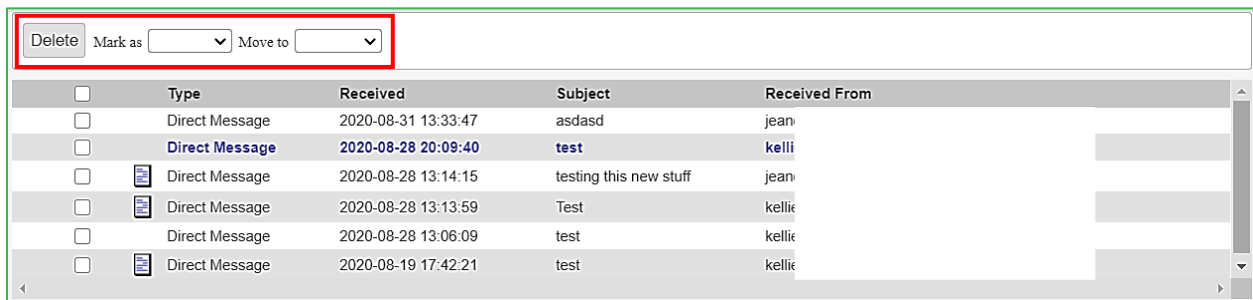- **Drafts**: select this to view save draft messages.
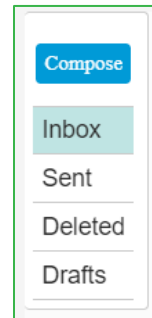
Messages in all folders are displayed using the following columns:

- **Type**: type of message.
  - Direct Message
- **Received**: date and time the message was received.
- **Subject**: message's subject.
- **Received From**: sender of the message.

	Type	Received	Subject	Received From
☐	Direct Message	2020-08-31 13:33:47	asdasd	jeanette

Mailbox options include:

- **Delete**
- **Mark as**
  - Read
  - Unread
- **Move to**
  - Inbox
  - Sent
  - Deleted
  - Drafts

		Type	Received	Subject	Received From
	☐	Direct Message	2020-08-31 13:33:47	asdasd	jean
	☐	**Direct Message**	**2020-08-28 20:09:40**	**test**	**kelli**
	☐	Direct Message	2020-08-28 13:14:15	testing this new stuff	jean
	☐	Direct Message	2020-08-28 13:13:59	Test	kellie
	☐	Direct Message	2020-08-28 13:06:09	test	kellie
	☐	Direct Message	2020-08-19 17:42:21	test	kellie

Delete a message from any mailbox:
1. Select the checkbox(es) next to the desired message(s).
2. Select the **Delete** button.
3. Messages are deleted and moved temporarily to the Deleted folder.
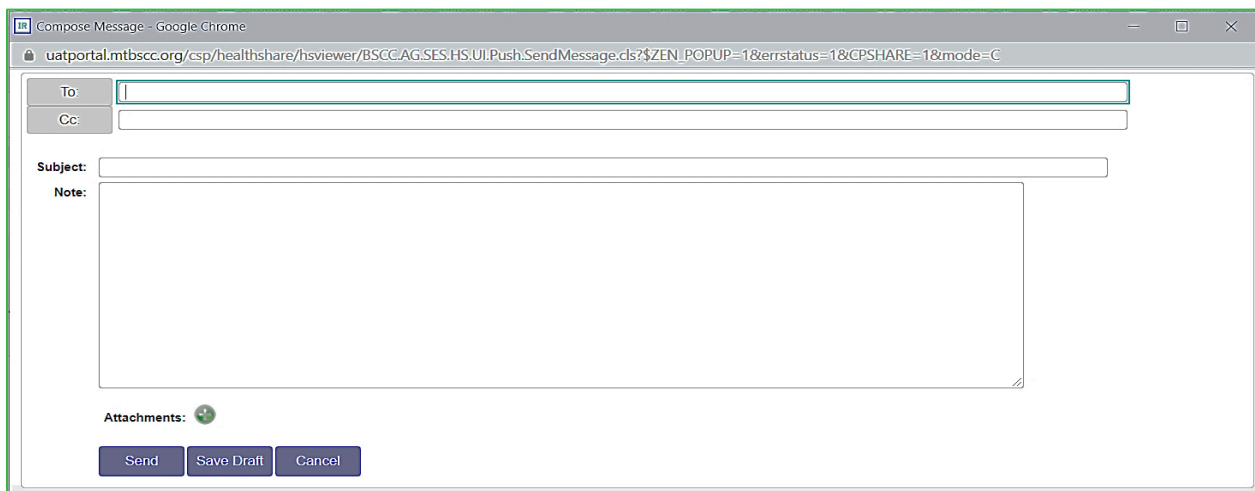
Mark a message from any mailbox:
1. Select the checkbox(es) next to the desired message(s).
2. Select the **Mark as** dropdown field.
3. Select either **Read** or **Unread**.
4. The message(s) is changed.

Move messages from any mailbox:
1. Select the checkbox(es) next to the desired message(s).
2. Select the **Move to** dropdown field.
3. Select the desired mailbox: **Inbox**, **Sent**, **Deleted**, **Drafts**.
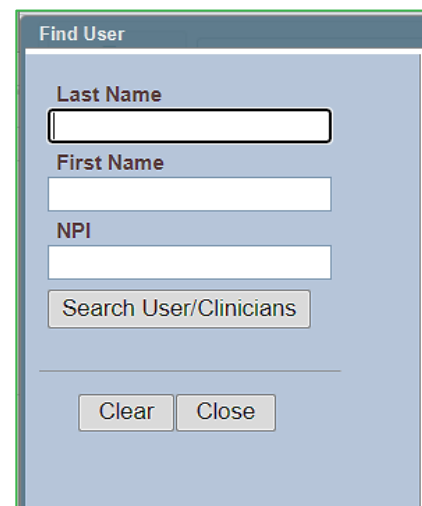4. The message(s) is moved.

Compose a message:
1. Select the **Compose** button on the Messages screen.

2. Select the **To:** button to search for a recipient.
   a. Enter the recipient's **Last Name** and **First Name** or enter the **NPI** of the recipient.
   b. Then select the **Search User/Clinicians** button. The entire directory is searched, and matching information will display.

Name	NPI	DirectEmail	Organization Name	Address
Jeanette		jeanette.p	SCC - Preprod UAT	2030 Ho

- **Name**: last, then first
- **NPI**: National Provider Identifier, if available
- **DirectEmail** address for recipient
- **Organization Name**: if available

▪ Address: physical address of the recipient

c. Select the desired recipient from the search results and the To: field is auto-filled.

d. Repeat this process to add more recipients.

3. If needed, repeat Step 2 using the Cc: button to copy recipients on the message.

4. Enter a subject in the Subject field.

5. Enter the email message in the Note field.

6. To add an attachment to the message, select the + icon next to Attachment.


a. Select the Choose File button to open your computer file window.

b. Select the desired attachment.

c. Select the Attach button. The attached file name will display at the bottom of the message.

d. To delete the attachment, select the X icon to the right of the attachment.

7. Send the message by selecting the Send button or save the message as a draft to send later by selecting Save Draft.

a. When the message is sent, it will display in the Sent folder.

b. When saving the message, it will display in the Drafts folder.

8. You can cancel the message by selecting the Cancel button. The message and all attachments will be deleted.

Edit a draft message:
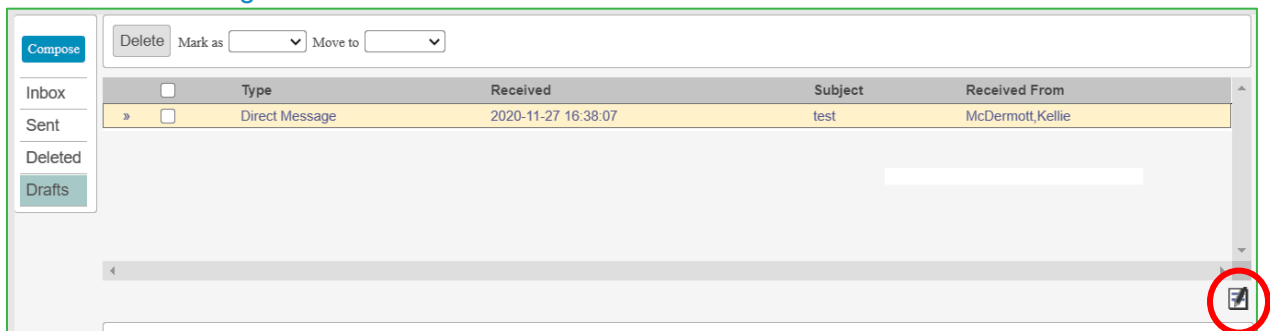
1. Select the Drafts mailbox from the options on the Messages screen.

2. From the list, select the desired draft message.

3. Click the Edit icon located above the content of the message.

4. The Compose Message window displays with the original message content.

5. Modify the necessary information.
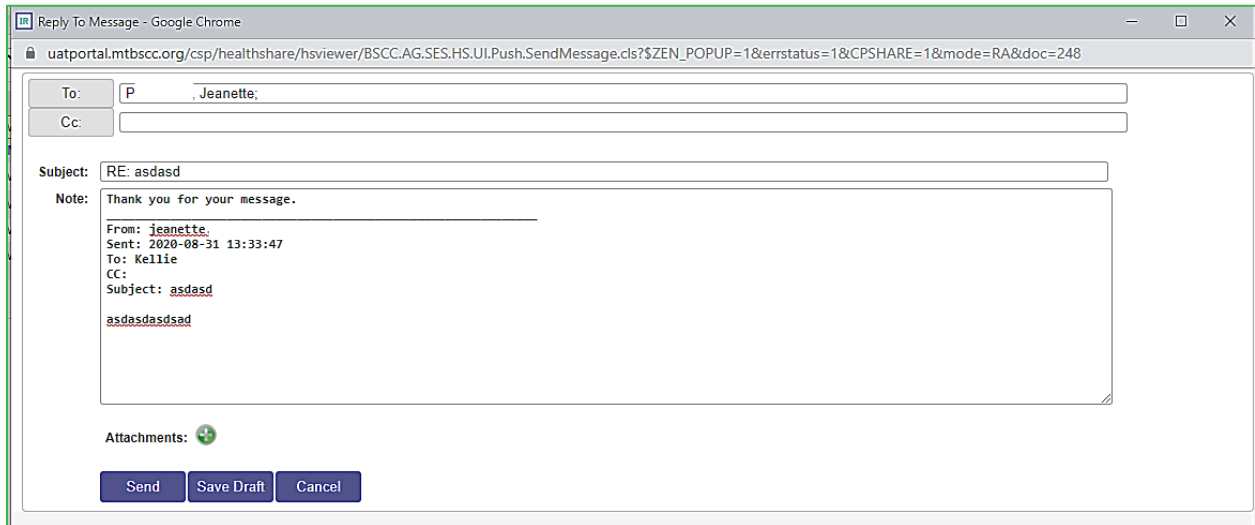
6. Select the **Send** button.

Reply to received messages:
1. Open the received message by selecting it.
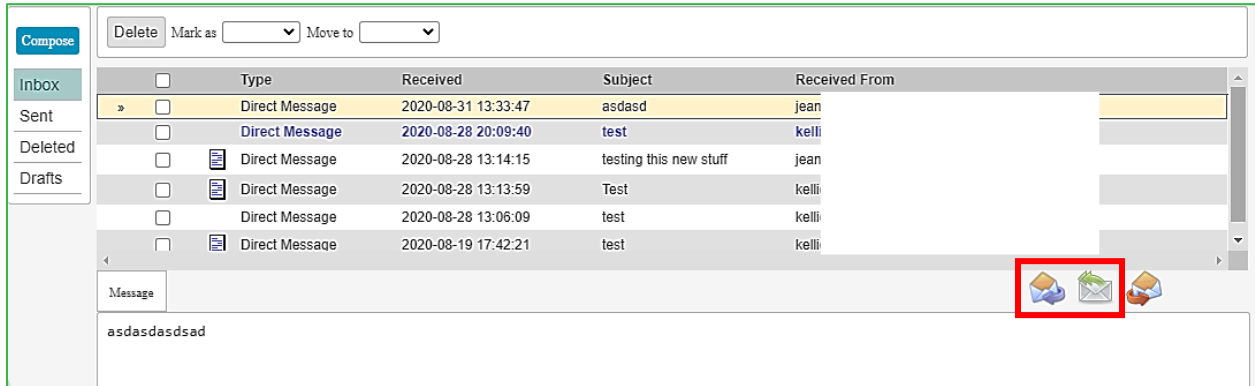

2. To reply to one sender, select the **Reply** icon (open envelope with purple arrow).To reply to all persons included on the message, select the **Reply All** icon (closed envelope with green arrow).
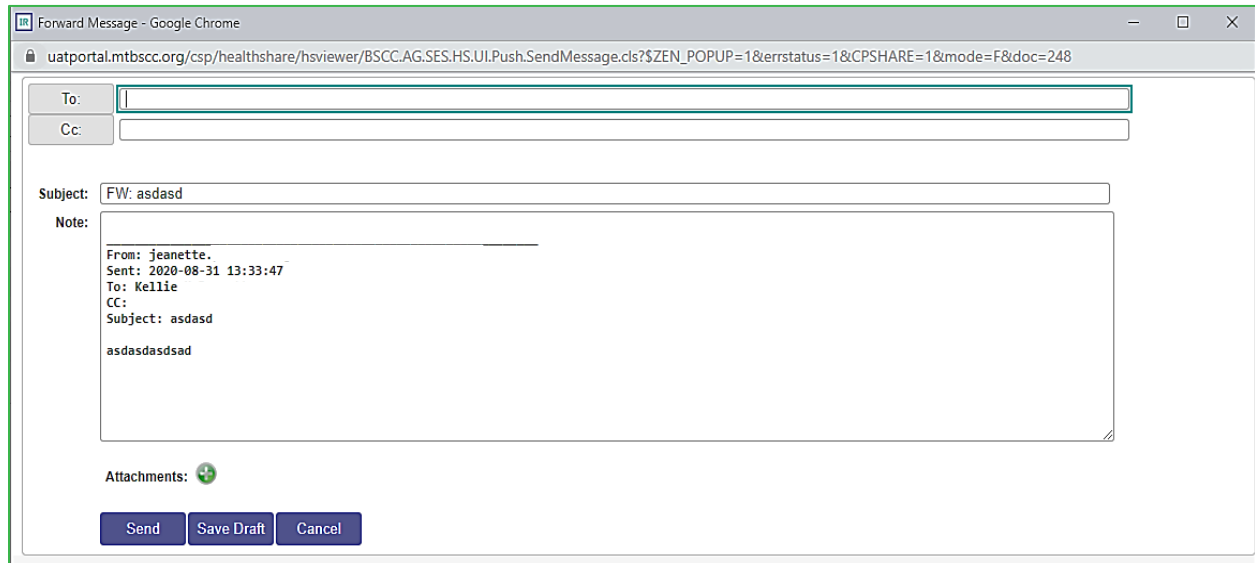3. The Reply to Message window displays with original message and sender.

4. Enter a reply in the **Notes** field and add an **Attachment**, as necessary.
5. Select **Send**.

Forward a received message:

1. Open the message you wish to forward by selecting it.
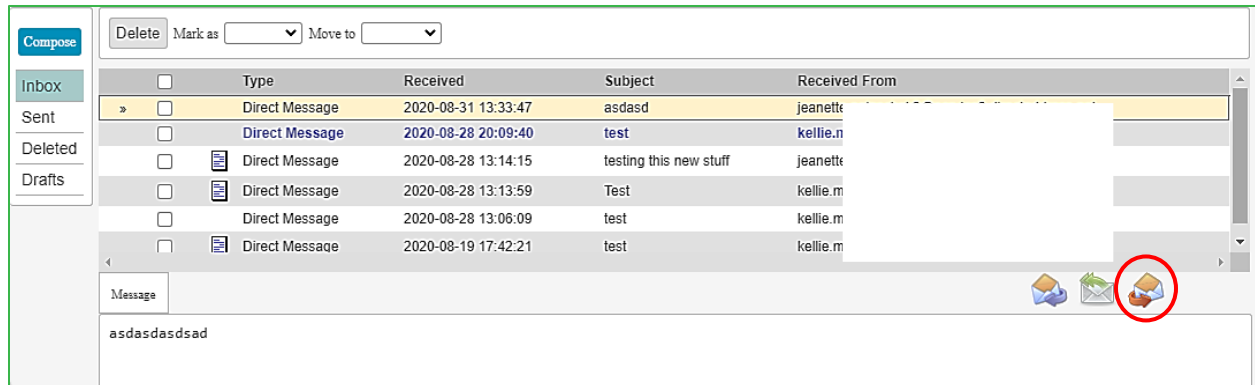
2. Select the **Forward** icon (open envelope with red arrow).
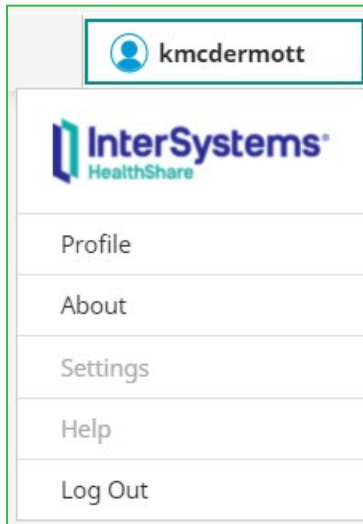3. The **Forward Message** window displays.

4. Enter or select the **To:** and any **Cc:** recipients.
5. Add a **Note** and an **Attachment**, if necessary.
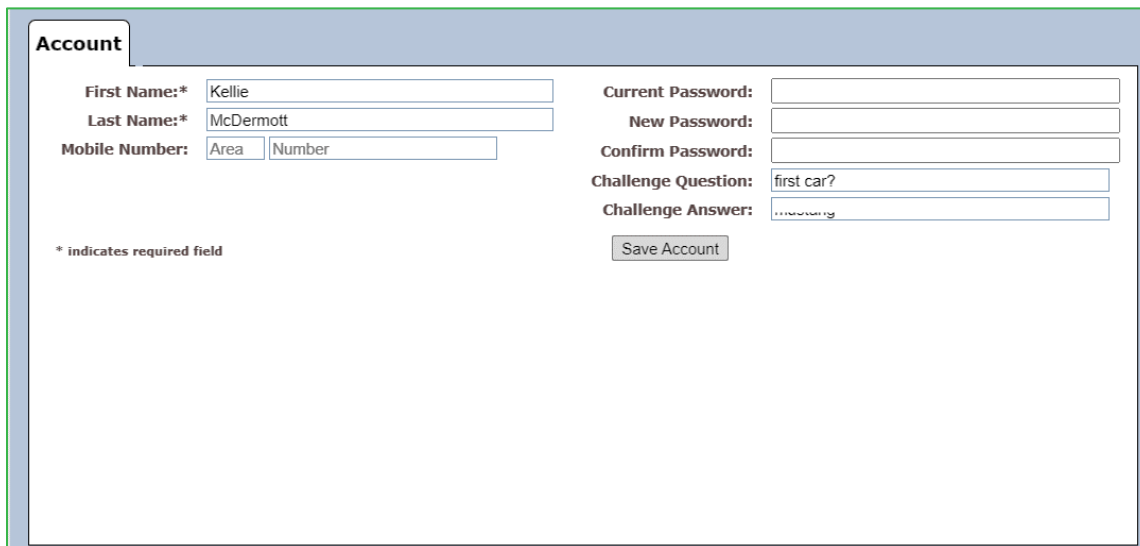6. Select **Send**.

User Profile

View your user profile and edit your information by clicking on your username in the upper right corner of the screen.

Profile

1. Select **Profile** from the list. The **Account** window displays.

2. On this screen, you can see, change, and enter:

Field	Description/Example
First Name	Enter first name
Last Name	Enter last name
Mobile Number	Enter mobile number
Current Password	To change your password, enter your current password here.

Field	Description/Example
New Password	To change your password, enter your current password in the **Current Password** field and then your new password here.
Confirm Password	Re-enter your new password
Challenge Question	Enter a challenge question. This can be used to request a forgotten password.
Challenge Answer	Enter the answer to your challenge question.

You are required to have only your first and last name listed in your profile. You are strongly encouraged to enter a **Challenge Question** and **Challenge Answer**. If you do not have these entered, you will not be able to use the Forgot Password self-service function.

3. Select **Save Account** to save the entered or changed information.

This is also where you would go to change your current password. You are encouraged to change your password on a regular basis. Passwords expire every 60-days. You will receive an email, at your contact email address, when it is about to expire. Please log in and change your password when prompted to avoid issues.

Passwords must meet the following criteria:
- At least 12 characters
- Include at least 3 of the following
  - At least 1 lowercase alphabetic character
  - At least 1 uppercase alphabetic character
  - At least 1 numeric character
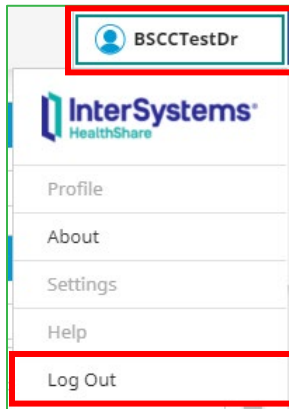 - At least 1 symbol character

About

Select the **About** option from the username list to display your system's version information.
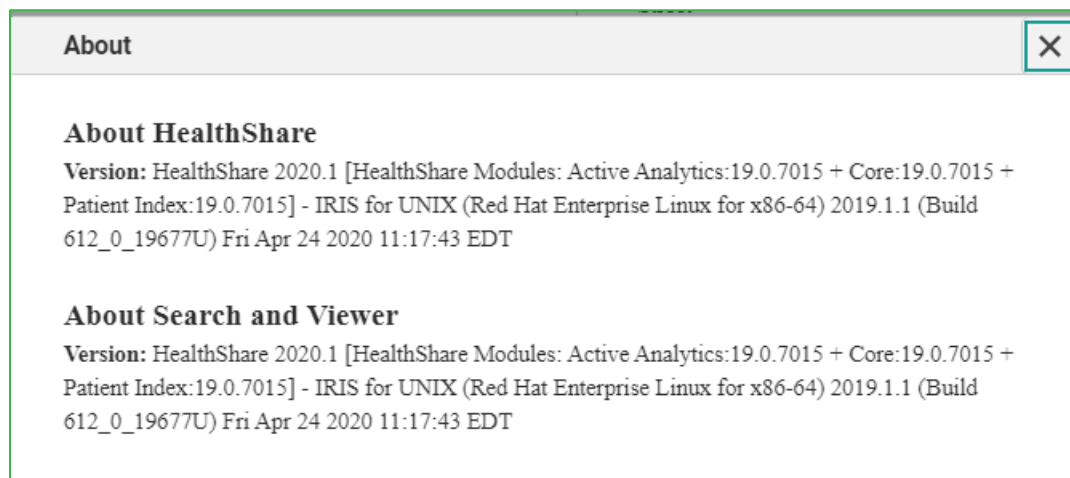
Log Out

When you are finished using the system, you should log out.

1. Select **Log Out** from the options in the username dropdown list.
   o You will be logged out of all HIE applications.

2. After 15 minutes of inactivity, the system will automatically log you out. You must log back in again.

Troubleshooting

Help Desk

If you need assistance, please contact the BSCC Help Desk at (888) 937-7396 or email help@mtbscc.org.

Invitation Email

If you did not receive an invitation email, check with your organization's admin first to ensure they have requested BSCC support to create a user account for you. Additionally, check the spam folder of your contact email to make sure the invitation was not placed there. If you still do not see the invitation, call the BSCC Help Desk at (888) 937-7396 or send an email to help@mtbscc.org to request the welcome invitation to be resent.

Invitation Expired

The welcome invitation will expire after 60 days. If you try clicking on the link after 60 days, you will receive a message requesting you to ask for a new invitation. Call the BSCC Help Desk at (888) 937-7396 or send an email to help@mtbscc.org to request the welcome invitation to be resent.

Forgot Username

If you forgot your username, you must contact the BSCC Help Desk at (888) 937-7396 or send an email to help@mtbscc.org.

Account Locked

If you try to login three times and fail, your account will become locked. To unlock your account, you must call the BSCC Help Desk at (888) 937-7396 or send an email to help@mtbscc.org to ask for your account to be unlocked. You will receive an email confirmation when your account has been unlocked.
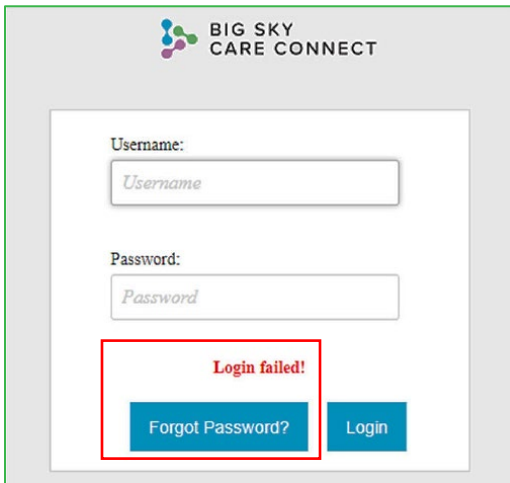
Account Deactivation/Reactivation

If you receive an email indicating your account has been deactivated or reactivated and no changes to your account should have been made, please call the BSCC Help Desk at (888) 937-7396 or send an email to help@mtbscc.org and let support know your account has been deactivated or reactivated and no changes should have been made.

Password

Forgot Password

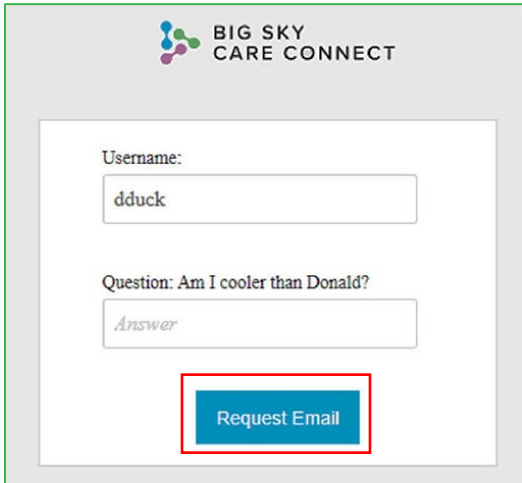When a user enters an incorrect password, a Login Failed message will appear.

Reset your password on your own in a few simple steps. If you do not have a Challenge Question, Challenge Answer, and/or access to the contact email you used to establish your account, then the Forgot Password button will not appear on the login screen.

1. On the login page, click **Forgot Password**.
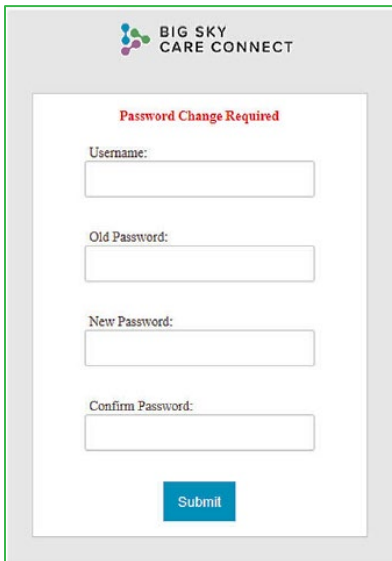
2. The Challenge Question screen appears.

  a. Enter your **Username**.
  b. Enter the **Answer** to your Challenge Question.
3. Once the Challenge Question is answered correctly, select the **Request Email** button.
4. Check your contact email for a temporary password.
  a. Return to the login screen or click the link in the email. Enter your **Username**, the temporary password, and re-enter the temporary password.
5. Upon logging in with the temporary password, the Change Password screen appears. You are required to change the password.

  a. Enter your **Username**.
  b. Enter the temporary password as the **Old Password**.
  c. Enter the **New Password**.
  d. **Confirm Password** by entering the new password again.
6. You will receive a confirmation email for your password change.

Note: If you request an email three times without changing your password, your account will be locked, and you will need to contact the BSCC Help Desk at (888) 937-7396 or send an email to help@mtbscc.org.

Admin Password Reset

If you forgot your password and you cannot use the Forgot Password self-service function, call the BSCC Help Desk at (888) 937-7396 or send an email to help@mtbscc.org and request they initiate a password reset for you. Follow the process in the Forgot Password section of this manual.