

Any time you need to make notes regarding a patient you would do so in a progress note. Progress notes are a way for everyone in the office to document and view notes regarding a patient's care. There are two basic types of progress notes: standard and surgical. Most users will use standard notes – physicians may use both standard and surgical notes.

## **Progress Note History**

All progress notes created for a patient are listed in her Progress Note History. From the Progress Note History you can view, edit, delete, print and add new progress notes. To open the Progress Note History, go to the Patient option in the main menu and select Progress Notes – Progress Note History (you must first have a patient selected in the Patient Explorer). The shortcut icon for the Progress Note History is

**\*** By default, the Progress Note History is sorted by date, in descending order. You can change the sort by clicking on the column header you wish to sort by.

When viewing the history you will notice that there is limited space to display the text of a note. To view the entire note you can:

1 – Select the note and click the gray button that appears on the right side of the note.



Then to close the note, click the Close button that appears at the bottom of the window.

#### OR

2 – Double click on the note. To close the note, click the Cancel button or click the X in the upper right corner.

#### Buttons

Done – closes the Progress Note History

Edit – opens the selected note for editing. You can only edit unconfirmed progress notes.

Add Standard - adds a standard progress note

Add Surgical - adds a surgical progress note

Addend - adds an addendum note to the selected progress note

<b>Delete</b> – deletes the selected note.	You can only delete unconfirmed notes that you are the
author on.	

**Email** – emails the content of the progress note. To email a progress note, click on the desired note, click the Email button, and enter the recipients email address. Only confirmed notes can be emailed.

**Print** – prints the progress note history. To print a single progress note, click on the desired note, click the Edit button, and click the Print button that appears on the right side of the actual note window.

**Print View** – prints all progress notes currently displayed in the progress note history window. Any filters to be applied via the dropdowns listed below should be done prior to clicking Print View.

#### Dropdowns

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Edit

Add Standard

Add Surgical

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Print

Print View

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Overview View:

Prim Group:

Procedure

View Level

Position:

of 44

All.

**View** – allows you to filter the progress note history by All notes, Standard notes, or Surgical notes.

**Primary Group** – filters the progress note history by the authors' primary group. For example, you can filter for MD which will display all notes authored by a physician.

**Procedure** – filters the progress note history by the Procedure selected in the (standard) progress note

**View Level** – filters the progress note history based on progress note view level associated with the Procedure selected. By default, all progress note Procedures have Lev 0 assigned and will always appear.

#### **Other Options**

- shows or hides the Note preview column from the progress note history view

**Position** – indicates where you are in the progress note history. The first number is your current selection's position, and the second number is the total number of notes in the history.

## **Standard Progress Notes**

Standard progress notes are the most common type of progress note, and are utilized by all departments.

To create a new progress note:

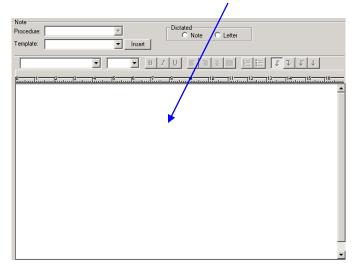
1 – Bring up the desired patient in the Patient Explorer

2 - Go to the Patient option in the main menu and select Progress Notes – New Progress Note **OR** bring up the progress note history and click the Add Standard button. A new progress note window will appear.

3 – In the top section of the window you will notice that your initials (assuming you are the user logged in) are automatically entered as the Author, and that the date and time have also been entered. The progress note status is Unconfirmed at this point, which means that the note can be edited.

- Info				
Author:	BEB 💌	Date: 06/09/04	Time: 10:00 AM	Status: Unconfirmed

4 - Type the progress note text in the space provided. (blue arrow)



(The Procedure and Template dropdowns and the additional features you see will be explained in "Progress Note Features")

5 - Once you are sure that the information in the note is complete and accurate, you should confirm the progress note. Confirming a progress note locks it so that it can no longer be edited – it is then considered a permanent medical record. To confirm a note, click the Confirm button on the right side of the note. Only the progress note's author can confirm the note. The shortcut keys for Confirm are Alt C.

6 – Enter your password when the password prompt appears (this is the same password used to log on to RESource) and hit OK.

Password			
		_	OK
Enter Password:			Cancel

Although it is recommended, you do not have to confirm the progress note at the time that you create it. By hitting the OK button instead of the Confirm button in step 5, you still save the progress note to the Progress Note History, but can go back, edit, and confirm it at a later time. The shortcut keys for OK are Alt O. From the history, you can determine whether a progress note is confirmed or unconfirmed by looking at the Confirmed column - if the box is checked then the note is confirmed.

Confirmed	Da
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### **Progress Note Features**

Within a progress note you will notice dropdowns and other options. These features can be used to format the text, to quickly generate notes that have a standard text, and to help determine the status and type of progress note.

Note Procedure:	~	Dictated O Note O	) Letter	
Template:	✓ Insert			
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▶ <u> </u>	Ψ 		<u>111</u> 11	) <del></del>

- **Procedure dropdown** The items in this drop down list have rules associated with them and are used in Cycle Status Notes. Cycle Status Notes will be discussed later in this section.
- **Template dropdown** Templates are set up to avoid having to repeatedly type the same text in multiple notes. Users can benefit from templates when dictating or typing notes that include standard text. For example, as part of the Patient Services department, you may use templates to document certain actions (i.e. when scheduling an appt), and you may also use them if you are entering a previously dictated note for a physician. The items that appear in the template dropdown list correspond to the author indicated in the Author dropdown. If you are the author then your templates will appear. But if you are entering a dictated note for a physician, for example, you need to select that physician as the author of the note in order to access his/her templates. If you select another user as an author of a note, your initials get automatically entered into the Editor field at the bottom of the progress note window.

-Editing Info	
Editor:	

To insert a template:

1 - Select the appropriate author from the Author dropdown list

2 - Select the desired template from the Template dropdown list

3 - Insert your cursor at the location in the note where you would like the template to be inserted. Click the Insert button.

An inserted template can be the only text entered in a note, or it can be entered along with other text – its text can also be edited after being inserted into the note. Note that multiple templates can be inserted into a single progress note.

Templates are further discussed later in this section ("Template Editor").

- Dictated This section can be used by a physician when dictating a note or letter that is to be inserted at a later time. A physician can create a blank progress note at the time of dictation to: 1 indicate the note was dictated and to "reserve" a progress note with the appropriate date and time of creation, and 2 so that when the typed document returns from dictation it can simply be pasted into the already existing (blank) progress note. The physician would select either Note or Letter to indicate what type of document was dictated. The significance of this is that if Letter is selected, a patient services coordinator can confirm the progress note, even though he/she is not the author. This is allowed because typically the entire letter is not pasted into the progress note, but rather just a brief statement that the letter was mailed.
- **Tag** an additional way to "label" a progress note. Some tags may have rules associated with them. For example, you can allow certain progress notes to be excluded from the "confirm" rule these notes will not appear in the user's Unconfirmed Prog Note query to prompt for confirmation.
- Editor A user's initials will automatically get entered into this field if the person editing a progress note is different from the author.
- **Transcription Finished** When the editing of a progress note is complete, and the note is ready to be confirmed by the author, Transcription Finished should be checked off. For example, if a physician's previously dictated note has returned from the dictation service and has now been pasted into a progress note, the editor would check off Transcription Finished. The physician will know that the note is ready to be confirmed when he searches for his unconfirmed progress notes in the Patient Explorer and enters search criteria of Transcription Fin.

### Formatting

The text of a progress note or template can be formatted (bold, italic, color, font, etc) using the options available directly above the space where the text is entered.

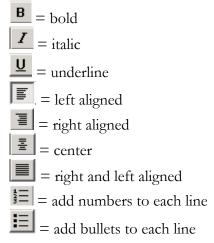
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• Dropdowns

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The first drop down represents the font type The second drop down represents the font size

• Buttons



To apply an option from the drop downs or buttons, simply click on the desired option(s) and continue typing your progress note. If the text already exists, highlight the text (with your mouse) that you would like to apply the option(s) to, and then click on the desired option(s). These features work very similar to how they would work in Microsoft Word.

The arrows that appear above the "ruler" represent the tab stops  $\frac{1}{2}$  when entering text, each time you hit the  $\langle Tab \rangle$  key the cursor will move to the next arrow/tab stop. To adjust the position of the stops, click on the arrow/tab stop you wish to move and drag it to the left or right. To remove a tab stop completely, drag it all the way to the left or right side of the ruler until it disappears. To add another type of tab (besides the default type) use the buttons listed below – simply select the type of tab you would like and then click on the ruler where you would like the tab stop to be.

Use the following buttons to add new types of tab stops.

**I** = the text typed at this tab stop will continue to the right of the tab (this is the default type) – the first letter of the word being typed will align with the tab stop

**1** = the text typed at this tab stop will move to the left - the last letter of the word being typed will align with the tab stop

 $\blacksquare$  = the text typed at this tab stop will center – the center of the word being typed will align with the tab stop

#### • Right-click Menu

1.

Right clicking within a progress note displays a menu:

Undo – undo your last edit

Redo – undo your last undo

**Cut** – cut the selection, removing it from the note, with the option to paste it elsewhere

**Copy** – copy the selection, while leaving it in the note, with the option to also paste it elsewhere

Paste - paste a cut or copied selection

**Delete** – delete the selection **Select All** – select the entire text of the note

**Back Color** – selecting this will bring up a color grid. Select the desired color from the options – all text typed after this point (within the current note) will appear with that color in the background (like using a highlighter)

**Fore Color** – selecting this will bring up a color grid. Select the desired color from the options – all text typed after this point (within the current not) will appear with that color (the font color will change)

Actions such as Undo, Redo, Cut, Copy, Paste, Delete and Select All have shortcut keys. These shortcuts are not only available throughout RESource, but are also available in other programs including Microsoft Outlook, Word and Excel. You can even copy text from Outlook and paste it into a RESource progress note, and vice versa.

```
Undo – Ctrl Z
Redo – Ctrl Y
Cut – Ctrl X
Copy – Ctrl C
Paste – Ctrl V
*Delete – Ctrl D
*Select All – Ctrl A
```

\*These options will not work within RESource because RESource uses these same key combinations to bring up the Patient Details and Sperm Analysis screens respectively. These shortcuts will work in the other programs mentioned though. For a complete list of RESource shortcut keys refer to the Shortcut Keys and Abbreviations section.)

### **Additional Options**

Along with the text of the progress note, you can also insert images, have attachments, and generate referring doctor letters.

#### Images

To Insert an image:

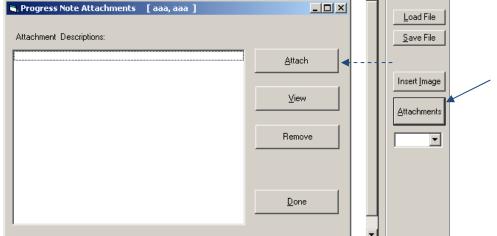
1 – Select the place in the progress note where you would like to insert the image and click Insert Image

2 - From the Insert Image browse window that appears, locate the image and click Open

#### Attachments

To Attach a document:

1 – From the desired progress note click Attachments. The Progress Note Attachments window will appear



2 - Click Attach

3 – From the Attach File browse window that appears, locate the attachment and click Open. The file will now be listed in the Progress Note Attachments window.

4 – Click Done

To View an attachment:

1 – From the desired progress note click Attachments. The Progress Note Attachments window will appear.

2 - Select the attachment you want to view and click View

3 – Click Done

To Remove an attachment:

1 – From the desired progress note click Attachments. The Progress Note Attachments window will appear.

2 - Select the attachment you want to remove and click Remove

3 – Click Done

#### Letter

The referring doctor letter that can be generated from a progress note works similar to a mail merge. It will insert the referring doctor's name (as indicated in the patient's Patient Details), the text from the progress note, and the author of the progress note. The letter template can be adjusted by a RESource administrator.

To Generate a Letter:

1 – Once you have all text entered into the progress note, click Letter. The letter will generate and appear

2 - Click Print in the upper left corner of the print preview window

## **Surgical Progress Notes**

Surgical progress notes are used to note surgeries and work similarly to standard progress notes.

To create a new surgical note:

1 - Bring up the desired patient in the Patient Explorer

2 - Go to the Patient option in the main menu and select Progress Notes – New Surgical Progress Note **OR** bring up the progress note history and click the Add Surgical button. A new surgical progress note window will appear.

3 -In the top section of the window you will notice that the Surgeon field is blank – the surgeon selected will determine what user's Procedure and Findings templates become available in the dropdowns. The create date and time are automatically entered. The assistant, surgery date, surgery time and surgery location should be filled in appropriately. The progress note status is Unconfirmed at this point, which means that the note can be edited.

1	Surgeon:		•	Create Date:	06/09/04	Create Time:	1:21 PM
	Assistant:	None	•	Surgery Date:	06/09/2004 💌	Surgery Time:	8:30 AM
	Location:	MM-OR			•	Status:	Unconfirmed

4 – Select a procedure template from the Procedure dropdown and click on the Insert button. The text of the selected procedure template will appear in the space provided. You can also type directly in this space to add text or edit the template.

Procedure:	Myomectomy	•	Insert
Myomecton	Ŋ		

5 -Select a template from the Findings dropdown and click on the Insert button. The selected findings template will appear in the space provided. You can also type directly in this space to add text or to edit the template.

Findings: Myomectomy	
Findings:       Myomectomy       Inset         Procedure Note -Abdominal MyomectomyInformed consent obtained and consent signed.       1. Pre Op Dx: Uterine leiomyomata         2. Post Op Dx: same       3. Procedure: laparotomy, abdominal myomectomy         4. Surgeon: Scott       5. Findings: myomas         6. EBL: 100 cc       7. Anesth: GET         8. Path: Myomas       9. Drains: none         10. Complications: none       11. Patients family advised of findings	~
	7

The Procedure and Findings templates are created and edited through the Template Editor (discussed later in this section). In the Template Editor, the Surgical Procedures folder corresponds to the Procedure dropdown and the Surgical Findings folder corresponds to the Findings dropdown.

6 - The Note Dictated check box is used for surgical notes that are dictated. Upon dictating the note: create a new surgical progress note, complete the Info section of the note, check off Note Dictated, and leave the note unconfirmed. When the note returns from dictation it can be pasted into the progress note, with procedures and findings templates inserted where

required. And like standard notes, if someone other than the author (surgeon) is editing the note, his/her initials will appear in the Editor field. When editing is complete, Transcription Finished should be checked off.

### Pathology

7 - The Pathology section of a surgical progress notes allows you to document the status of the pathology report as well as who review it.

– Pathology –				
Sent	Results Reviewed	Reviewed By:	Date:	

Sent - check off when a specimen has been sent out for pathology

Results Reviewed - check off when the pathology report has been reviewed

**Reviewed By** - will automatically populate with the users initials who checks off 'Results Reviewed'

Just as with standard progress notes, surgical progress notes can have attachments (i.e. Pathology Report). Documents are attached to surgical progress notes the same way they are attached to standard progress notes. Since only unconfirmed progress notes can be edited, you might want to leave surgical progress notes unconfirmed until any attachments are entered and/or pathology report is marked as reviewed.

8 – Click Confirm. Enter password when prompted and click OK.

## **Cycle Status Notes**

In the Progress Note History you will notice a Cyc# column. A number in this column indicates that the progress note is a Cycle Status Note - the number displayed is the corresponding cycle number.

Note	Eyc#
This is a cycle status note from cycle #3	3
This is a cycle status note from cycle #1	1
preg test negative, pt informed. pt to call with next cycle	

A cycle status note is a standard progress note entered at the cycle level. When creating a progress note through the patient menu, it is at the patient level and is not "linked" to a particular cycle. Cycle status notes can be used the same way as regular progress notes, but they also have the ability to be included as cycle checklist items, and that is when they are utilized the most.

When creating a cycle status note you must first select the patient and the desired cycle in the Patient Explorer. If you do not select the cycle, the option will be disabled in the Cycle menu. After creating a cycle status note, it will appear in both the Progress Note History (Patient menu) and in the Cycle Status Notes (Cycle menu). Even though it appears in the Progress Note History, an unconfirmed cycle status note can only be edited through the Cycle menu. However, the note can be confirmed through either the cycle menu or through the Progress Note History.

When a cycle status note is set up to be a required item in a checklist, it will appear in the checklist as a User Def (user defined) item. In order for this item to be considered complete, and therefore removed from the checklist, a cycle status note needs to be created with the corresponding procedure selected from the Procedure dropdown. These notes can also be set up to affect the cycle status, and would also require the entry of a Procedure in order to work correctly. Specific cycle status notes that we use are discussed in the Clinical section.

To create a new Cycle Status Note:

1 - Select the patient and cycle in the Patient Explorer

2 - Go to the Cycle option in the main menu and select Cycle Status Notes

3 – Proceed as if creating a standard progress note, **but** if the cycle status note being entered is to be considered a checklist item then the appropriate procedure must be selected from the Procedure dropdown list

Note					
-Note		~ ~ ~		Dictated	
Procedure:	<u> </u>	Cyc#: 2	:5	O Note	O Letter
Template:		Insert			
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10	<sup>4</sup> 4			8 <del></del>	<u></u>

4 – Click Confirm or OK. If the note is a checklist item it must be confirmed in order for it to be considered completed.

# Addendums

An Addendum is a progress note that can be "attached" to a previously existing progress note in the Progress Note History. Addendums can only be attached to confirmed progress notes, and can only be created by the author of the original progress note. An addendum is considered a progress note, so it should be confirmed when complete. You are able to attach multiple addendums to a single progress note - all addendums will appear directly below the original note in the Progress Note History, regardless of sort order (by date, by author, etc). When an addendum exists, you will notice a (+) sign to the left of the original/main progress note. Clicking the (+) will expand the history to display the addendum note(s) - clicking the (-) that now appears will hide the addendum note(s).

èn P	rogress Note	s - aaaa, bbb	bbb T.					
	Confirmed	Date 🗸	Tin					
		02/18/2004	10:29					
		92104/2004	12:47					
Œ.		02/03/2004	5:03 ¢		02/03/2004	5:03 pm	PAB	Sperm Source: t Special Insem In
	V	01/20/2004	11:58		05/11/2004	11:03 pm	PAB	Addend Test 1

To create an addendum:

1 – Select the desired patient and go to Patient - Progress Note History, or 🚵

2 - Select the progress note you wish to add to (it must be a confirmed note and you must be the author)

3 - Click the Addend button

4 - A new progress (addendum) note will appear – complete it as if it were a regular progress note then click OK or Confirm

5 - The addendum note will appear directly below, and linked to, the original note

## **Template Editor**

To use templates in any of your progress notes, they must first be created in RESource. Default templates can be set up by a RESource administrator and would be available to everyone in the designated user group. For example, if a default template called 'VOR Procedure' has been set up for the physician user group, all physicians will have access to it. If the default templates for your user group do not appear in the Template dropdown list then you need to go into your personal Template Editor and link them. If there are no default templates for your user group you can also create your own.

To link default templates:

1 - in the main menu go to the Tools option and select Template Editor

2 - The Template Editor window will appear with a folder tree along the left side. For progress note templates, select the ProgNote folder. (You will notice many other template folders – templates can be created for any of the areas listed.)

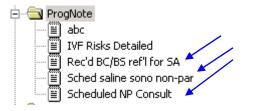


3 – Go to the File menu and select Link Template. A list of available default templates will appear.

- 4 Select all desired templates by clicking on them
- 5 Click the Link Selected button

Template Link Group PatServ		
Default Templates:		
Rec'd BC/BS ref'l for SA		
Rec'd request for records Sched saline sono non-par Scheduled NP Consult		
Scheduled NP Phone Scheduled SA AUSHC ref'l		
Scheduled SA BC/BS ref'l Scheduled SA non-par ins		
Scheduled saline sono		
		1
	Link Selected	Done

Upon clicking the (+) sign to the left of the ProgNote folder you will now see any templates you have just linked.



To create your own templates in the Template Editor:

1 - Go to the File menu and select New Template

2 - enter a template name when prompted – the new blank template will now appear in your template list.



3 - Type your template in the space provided

My New Template		_	_			Terr
Hy New Transition           Sider Rems           BB           BB           BB           Patient Correspondence           ProgNote           Image: ProgNote	Uper FEB	-	1	B T U E	Tencla T Deces 1 2 2 2 5 12 2	
PF Ryb Created     Prove Translat     Prove Tr	81					
	Line 1 Col	1 100 %	r	1		2
	Default Templates			Template Group		Load File

You will also notice a Default Templates and a Template Group dropdown list at the bottom of the new template – these give you the ability to add text from any default templates and customize it as your own.

Default Templates:	Template Group:	Annels Distance 1	Load File
· · · · · · · · · · · · · · · · · · ·	PatServ 💌	Apply Default Text	Save File

To add text from a default template, select the desired template group and default template and click the Apply Default Text button – the text from the default template will appear in your new template (wherever your cursor was in the template). The same formatting features available in progress notes are also available when creating templates.

For instructions on how to use the Load File and Save File buttons refer to "Importing and Exporting" that follows.

4 - Go to the File menu and select Save Template

### Importing and Exporting

When working in the Template Editor you have the option to import and export your templates for possible use outside of RESource.

To Export a template:

1 – From the Template Editor, open the template you wish to export by clicking on it in the folder tree



2 – Click the Save File button

3 – When the Save As window appears, select the folder you would like to save the text in (blue arrow in picture below)

4 – Enter a name for your saved template (green arrow in picture below)

5 - Select the file type you would like to save in from the 'Save as type' dropdown list (red arrow in picture below)

Save As						? ×
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<b>3</b>						
History						
Desktop						
My Documents						
My Computer				/		
My Network P	File name:		* /		-	Save
	Save as type:	Rtf (*.rtf)	*		•	Cancel

5 – Click the Save button

6 - The text of your note will be saved for future use (in the directly you specified in step #3)

To Import into a template:

1 – From the Template Editor, open the template you wish to import to by clicking on it in the folder tree (the template must be a new template – you cannot import text into an already saved template)

2 – Put your cursor on the spot in the template text where you would like your imported file to appear

3 – Select the Load File button

4 – Select the folder and file you wish to import from the Open window that appears (blue arrows in picture below). Note that you can only import .rtf and .doc (Word) file types.

Open				? ×
Look in:	Temp		- 🗈 💣 🖬	
3	My Saved Tem	nplate.rtf 🖌		
History				
Desktop				
My Documents				
My Computer				
	File name:	My Saved Template.rtf	•	Open
My Network P	Files of type:	Rtf (*.rtf)	•	Cancel

- 5 Click the Open button
- 6 The imported file will appear in the template
- 7 When the template is complete go to File Save Template (in the Template Editor)

**\*\*\*NOTE**: This segment of information is also available as a standalone document in the Knowledge Base in SPA named : TemplateEditor