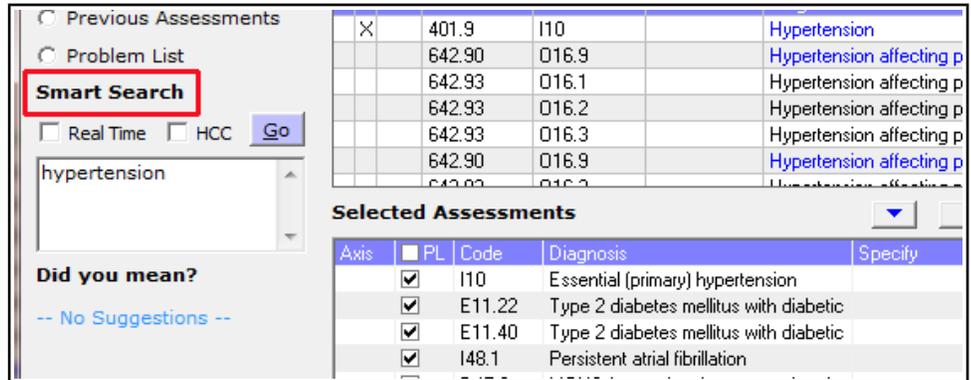


# ECW 10 Error Messages

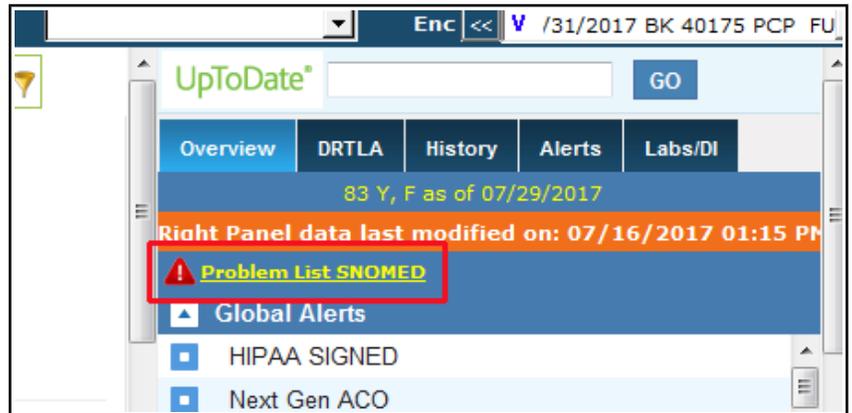
## SNOMED Errors

First, what is SNOMED?

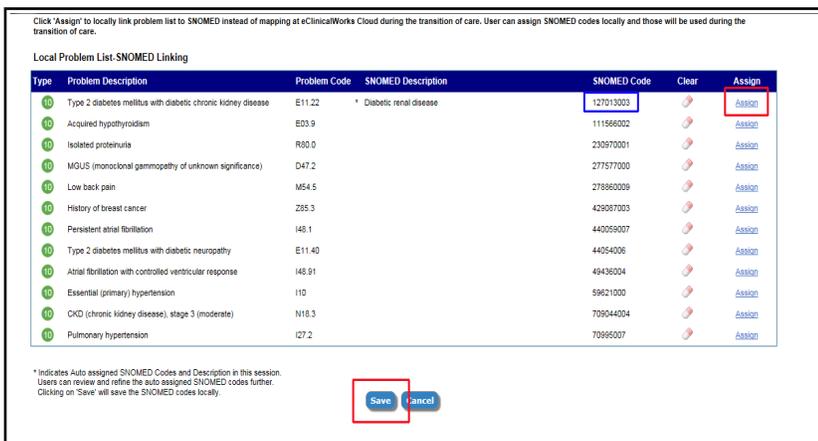
The **Systematized Nomenclature of Medicine (SNOMED)** is a systematic, computer-processable collection of medical terms that allows a consistent way to index, store, retrieve, and transmit information electronically. In 2002, SNOMED was updated and became SNOMED CT (SNOMED Clinical Terms). SNOMED CT provides the core general terminology for electronic health records. The Smart Search IMO (stands for “Intelligent Medical Objects”) we use in ECW is linked to SNOMED CT, so all diagnoses found with the Smart Search tool will be mapped properly to a SNOMED term.



HOWEVER – and this is why we are seeing the error message (the exclamation point in the red triangle) – some older data in ECW was NOT linked to SNOMED, and the error message is asking you to make sure the problem list is correct (this was mapped automatically by ECW during the upgrade). By my rough count, about 5-10% of my patients have some potential error in the problem list. It is very easy to correct.



The next screenshot shows what happens if you click on the “Problem List SNOMED” link.



Initially, I assumed that all the codes with the blank description were the source of the error. However, it is the single code that HAS a description that is the source of the error. ECW is asking me to confirm that “Type 2 DM with diabetic chronic kidney disease” is that same as the SNOMED description “Diabetic renal disease”.

Click 'Assign' to locally link problem list to SNOMED instead of mapping at eClinicalWorks Cloud during the transition of care. User can assign SNOMED codes locally and those will be used during the transition of care.

Local Problem List-SNOMED Linking

Type	Problem Description	Problem Code	SNOMED Description	SNOMED Code	Clear	Assign
10	Type 2 diabetes mellitus with diabetic chronic kidney disease	E11.22	* Diabetic renal disease	127013003		<a href="#">Assign</a>
10	Acquired hypothyroidism	E03.9		111566002		<a href="#">Assign</a>
10	Isolated proteinuria	R80.0		230970001		<a href="#">Assign</a>
10	MGUS (monoclonal gammopathy of unknown significance)	D47.2		277577000		<a href="#">Assign</a>
10	Low back pain	M54.5		278860009		<a href="#">Assign</a>
10	History of breast cancer	Z85.3		429087003		<a href="#">Assign</a>
10	Persistent atrial fibrillation	I48.1		440059007		<a href="#">Assign</a>
10	Type 2 diabetes mellitus with diabetic neuropathy	E11.40		44054006		<a href="#">Assign</a>
10	Atrial fibrillation with controlled ventricular response	I48.91		49436004		<a href="#">Assign</a>
10	Essential (primary) hypertension	I10		59621000		<a href="#">Assign</a>
10	CKD (chronic kidney disease), stage 3 (moderate)	N18.3		709044004		<a href="#">Assign</a>
10	Pulmonary hypertension	I27.2		70995007		<a href="#">Assign</a>

\* Indicates Auto assigned SNOMED Codes and Description in this session. Users can review and refine the auto assigned SNOMED codes further. Clicking on 'Save' will save the SNOMED codes locally.



Above, is a larger image of the same screenshot. If I click “Save”, the diagnosis in ECW will be linked to that SNOMED code (127013003) highlighted by the blue rectangle. It is crucial for computers talking to one another to use the same language – SNOMED CT. Computers communicate in bits and bytes, not in words – so the SNOMED code is used when transferring data – a very important function in the future as the tower of Babel in medicine is slowly torn down. Clicking on “Assign” opens the next screen.

There are many more choices for this code, and the best code for this patient is not the simple code in the last screen – CKD3 due to T2DM is a far more accurate code. In this example, I chose this code, and you can see (screenshot below) that ECW linked the diagnosis in the problem list to a different SNOMED CT code.

ICD to SNOMED CT Conversion

Map Type: All Mappings Sort By: Name

ICD-10 Code: E11.22 ( Type 2 diabetes mellitus with diabetic chronic kidney disease )

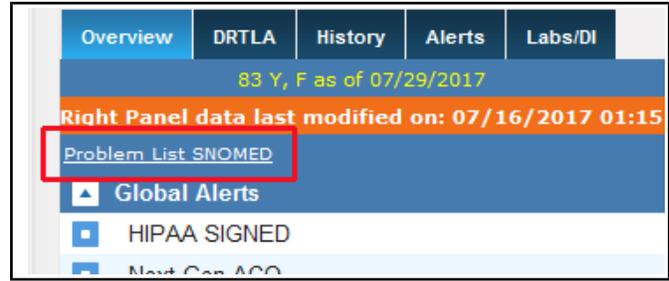
Find/Filter: Search Clear

SNOMED Code	Concept	SNOMED Name
<input type="radio"/>	771000119108 disorder	Chronic kidney disease due to type 2 diabetes mellitus
<input type="radio"/>	431855005 disorder	Chronic kidney disease stage 1
<input type="radio"/>	751000119104 disorder	Chronic kidney disease stage 1 due to type 2 diabetes mellitus
<input type="radio"/>	431856006 disorder	Chronic kidney disease stage 2
<input type="radio"/>	741000119101 disorder	Chronic kidney disease stage 2 due to type 2 diabetes mellitus
<input type="radio"/>	731000119105 disorder	Chronic kidney disease stage 3 due to type 2 diabetes mellitus
<input type="radio"/>	431857002 disorder	Chronic kidney disease stage 4
<input type="radio"/>	721000119107 disorder	Chronic kidney disease stage 4 due to type 2 diabetes mellitus
<input type="radio"/>	433146000 disorder	Chronic kidney disease stage 5
<input type="radio"/>	711000119100 disorder	Chronic kidney disease stage 5 due to type 2 diabetes mellitus
<input type="radio"/>	90791000119104 disorder	End stage renal disease on dialysis due to type 2 diabetes mellitus
<input type="radio"/>	236435004 disorder	End stage renal failure on dialysis
<input type="radio"/>	704667004 disorder	Hypertension concurrent and due to end stage renal disease on dialysis
<input type="radio"/>	127991000119101 disorder	Hypertension concurrent and due to end stage renal disease on dialysis due to type 2 diabetes mellitus

Page No: 1 Prev Next

Type	Problem Description	Problem Code	SNOMED Description	SNOMED Code
10	Type 2 diabetes mellitus with diabetic chronic kidney disease	E11.22	Chronic kidney disease stage 3 due to type 2 diabetes mellitus	731000119105
10	Acquired hypothyroidism	E03.9		111566002

At this point, I can hit the “Save” button, and you can now see that the error message has been removed.



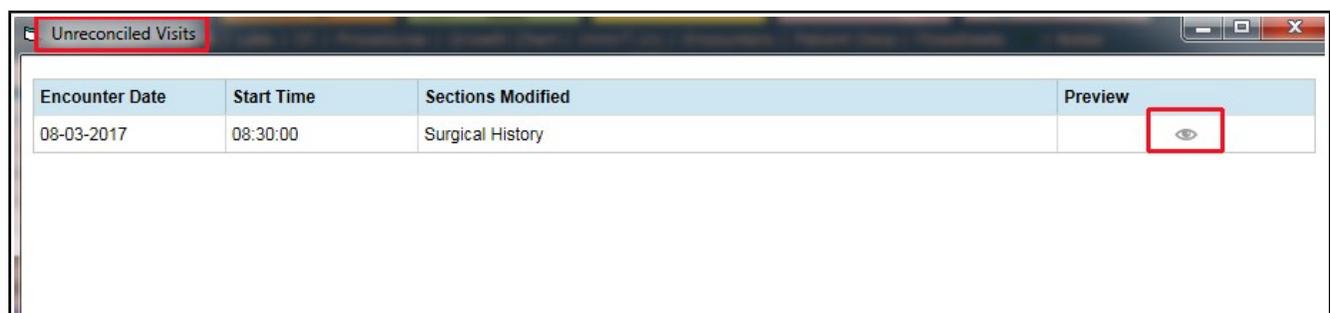
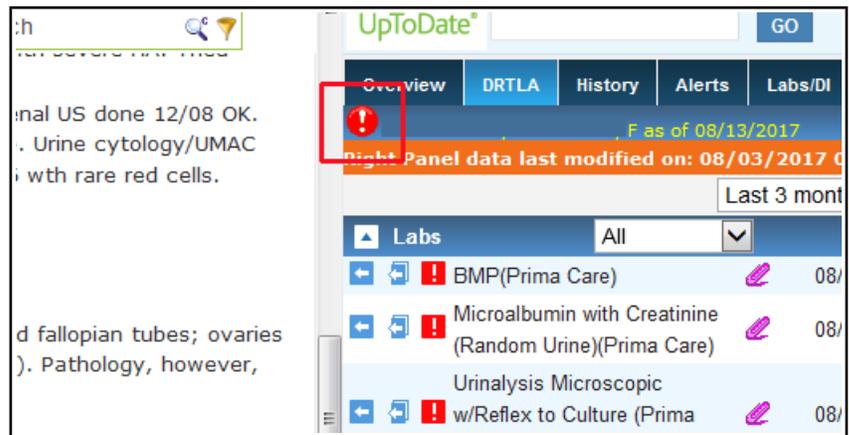
So, why should you care? Right now, I don't think this creates a problem for us (I could be wrong) – but down the pike, when ECW is communicating to SAH or Southcoast or some other medical entity (or CMS for payments or quality measures) – this probably will be important. It is yet another burden on us, but doesn't take much effort to correct. For now, I will address these errors as they come up and as I have time. I suspect we will hear more about this over time.

This page will be updated as I learn more about this problem.

## Unreconciled Visits Errors

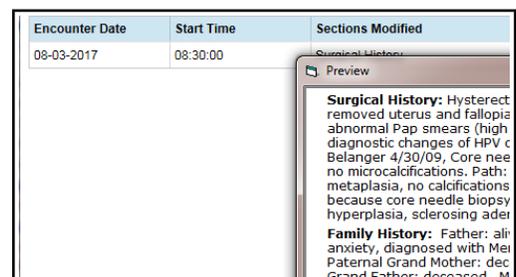
This error may sometimes be real, but often it is NOT. We have addressed this with ECW programmers, and they report that it IS a glitch in the program – and will be fixed with the next “service pack” for ECW.

Clicking on the exclamation point in the red circle as shown to the right brings you to the following screen.

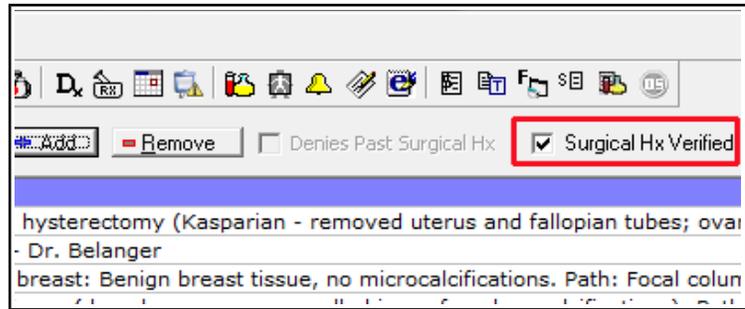


This seems to be telling me that the Surgical History in the note from 8/3/17 (the current visit) needs to be verified/reconciled.

Clicking on the eye to the right simply opens an encounter-type view of the note in question.



If I go back the visit, I see that the surgical history has been verified. So why am I being directed there to fix something? This is the glitch – there is NOTHING that needs to be fixed.



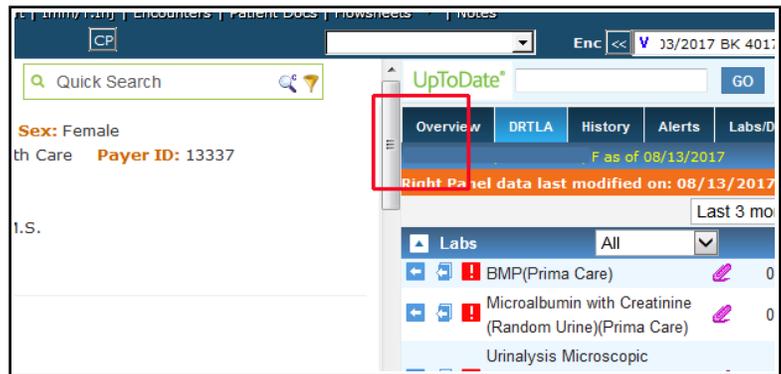
**Surgical History:**

- Hysterectomy: laparoscopic hysterectomy (Kasparian - removed uterus and fallopian tubes; ova remain) - done for bleeding and abnormal Pap sme found no diagnostic changes of HPV or CIN 8/23/0
- Bunion: Left bunionectomy - Dr. Belanger - test
- Core needle biopsy of right breast: Benign breast

However, if I play along with the glitch, and CHANGE ANYTHING in the surgical history – then save it.....

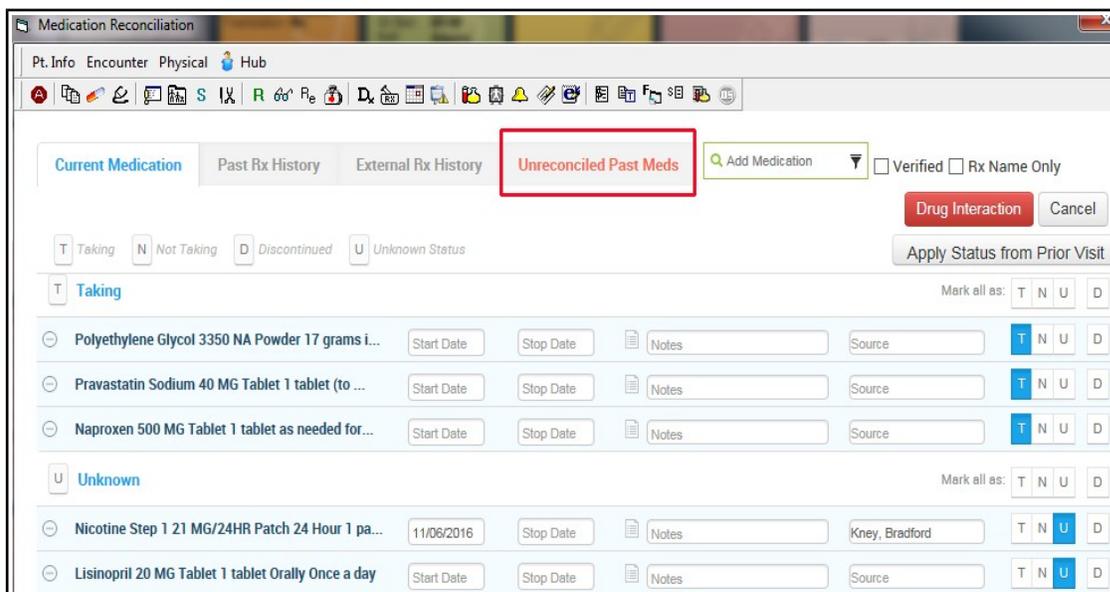
And the error message is gone.

This is a FALSE error – due to a glitch in ECW. It WILL be fixed in the next iteration of ECW – but we have to live with it for the time being. Just ignore it.



## Unreconciled Past Medications Error

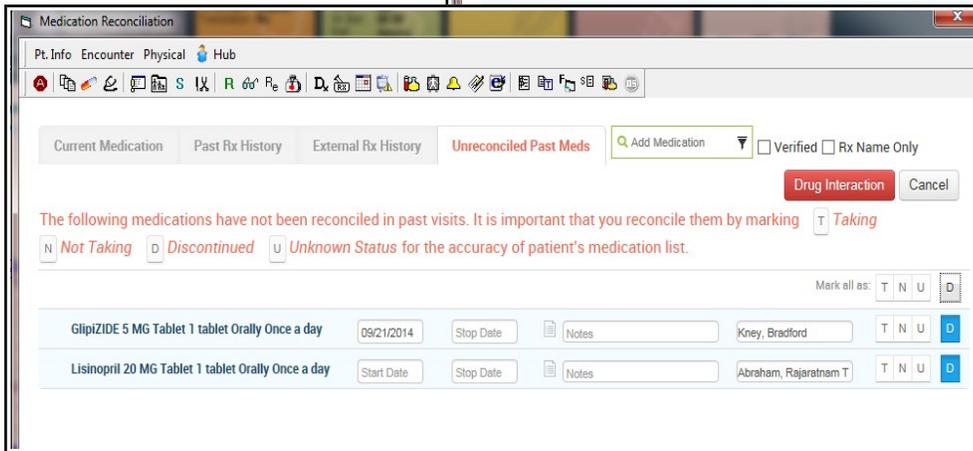
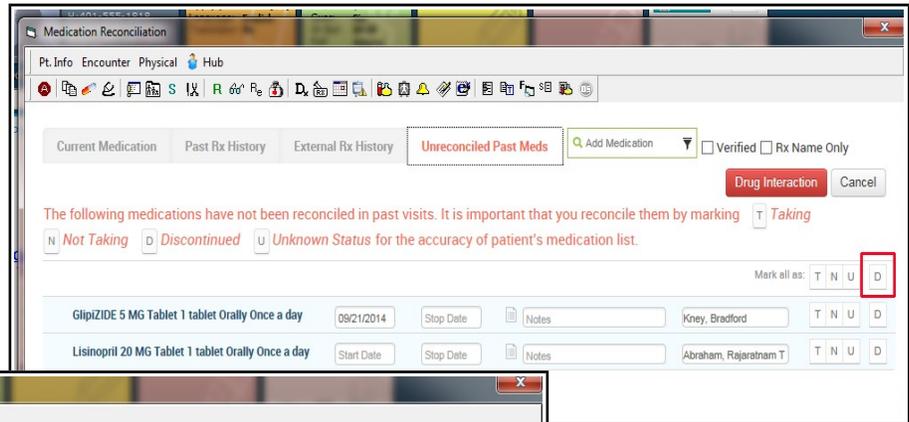
Many patients I see have “Unreconciled Past Meds” - as this test patient has.



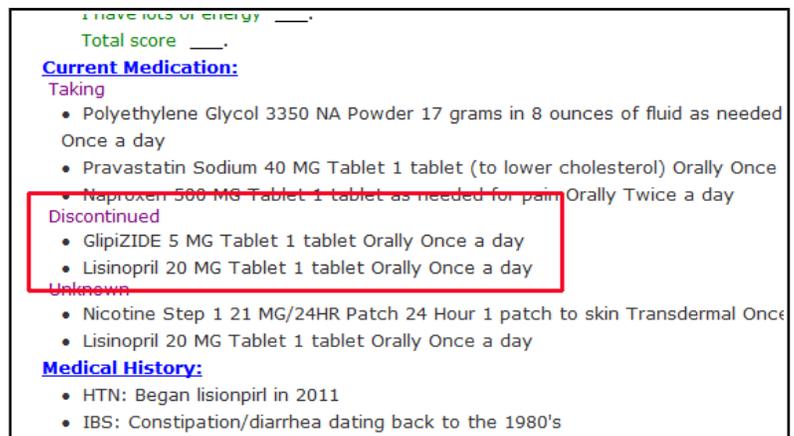
I'm not sure where these meds came from, but I have noted that many of them seem to be controlled substances. When a benzodiazepine, testosterone preparation, tramadol, or Lyrica are refilled via an e-request from the pharmacy, we cannot link that prescription to a current med on the med list (this is just the way e-scripts works for controlled substances). It is my observation that every time I refill one of these meds, the e-script is added to the med list, and the existing version of the med disappears “somewhere” - well, “somewhere” is the bucket called “Unreconciled Past Meds”.

Many patients have a long list of unreconciled past meds. It is very simple to discontinue them.

Just hit the “Mark all as D” button ....



And then close out of the screen. One warning – these meds will show up in the note AND on the patient summary page as discontinued. This is very likely to make the visit summary page long and confusing to the patient. One strategy I am starting to adopt: at the end of the day, before locking any notes, discontinue these unreconciled meds. They will appear in the note, but the patient is long gone – so the patient summary page is no longer a concern. I don't know what happens on the portal – I suppose they may show up there, but I doubt many patients will pay much attention to them if they do.



# Verification Errors

These are common error messages that I suspect everyone is aware of. They are simply telling the user that the data in the note needs to be verified.

• PCP test  
**HPI:**  
**Current Medication:**  
 Taking  
 • Amoxapine 150 MG Tablet 1 tablet at bedtime Orally Once a day  
 • Lipitor 20 MG Tablet 1 tablet Orally Once a day  
 • Famotidine  
 • flu injection as directed  
 • Wheelchair Cushion Miscellaneous as directed  
 • Bedpan 0 Miscellaneous as directed , Notes: 401.9  
 • Lisinopril 40 MG Tablet as directed Orally  
**Medical History:**  
 • T2DM (type 2 diabetes mellitus)  
 • T2DM (type 2 diabetes mellitus)  
**Allergies/Intolerance:**  
 • DTaP: Contraindication - rash  
 • Eggs: Side Effects - stomach upset  
 • shellfish: Side Effects - stomach upset  
**Surgical History:**  
**Hospitalization:**  
**Family History:**

Medical Hx    Keyword    ICD    PMHx    Add    Remove    Pregnant    BreastFeeding     Hx Verified  

No	History	ICD Code	PL
1	T2DM (type 2 diabetes mellitus)		
2	T2DM (type 2 diabetes mellitus)		

  
**Allergies**    Browse Rx...    Add    Remove    Allergy Log    N.K.D.A     Allergies Verified  

Agent/Substance	Reaction	Type	Status
12 Hour Nasal Relief Spray	dizziness	Side Effects	Inactive
DTaP	rash	Contraindication	Active
Eggs	stomach upset	Side Effects	Active
shellfish	stomach upset	Side Effects	Active

All you have to do is verify the data, and the error message will disappear.

Progress Notes    Scribe    Orders    Quick Search  
 • Amoxapine 150 MG Tablet 1 tablet at bedtime Orally Once a day  
 • Lipitor 20 MG Tablet 1 tablet Orally Once a day  
 • Famotidine  
 • flu injection as directed  
 • Wheelchair Cushion Miscellaneous as directed  
 • Bedpan 0 Miscellaneous as directed , Notes: 401.9  
 • Lisinopril 40 MG Tablet as directed Orally  
**Medical History:**  
 • T2DM (type 2 diabetes mellitus)  
 • T2DM (type 2 diabetes mellitus)  
**Allergies / Intolerance:**  
 • DTaP: Contraindication - rash  
 • Eggs: Side Effects - stomach upset  
 • shellfish: Side Effects - stomach upset  
**Surgical History:**

Here, you can see the in-line error message has disappeared – but you can also see the exclamation mark in the red circle has appeared at the top right of the screenshot – telling me to do something to the medical history and allergy section of the note. See the discussion earlier in this document discussing this problem.

Brad Kney, MD  
August 19, 2017