# EHR Go Guide: The Problems Tab

## Introduction

The Problems tab in the EHR is where the patient's problems, procedures, and diagnosis are documented and can provide a quick summary of the patient's history and status. Some problems are acute, or short-lasting, like surgical pain, whereas other problems are long-lasting, or chronic, like diabetes. Even if a problem has been treated, resolved, or has become inactive, it may still be listed as part of the patient's history.

Problems are often coded, meaning they are assigned a number or code from a classification system such as from the International Classification of Disease, or ICD. This helps the data to be used for aggregate analysis to help improve the overall quality of care, and for administrative purposes like billing and insurance reimbursement. Coded data can add a layer of complexity in identifying the correct problem from the list. Therefore, it is important to become familiar with the different types of problems and to develop best practices for maintaining clear and accurate problem lists.

Case patients in EHR Go have their problems listed in their chart. You may review these problems to gather information about the patient's condition. In some activities, you may need to enter a new problem or edit a current problem. This guide explains how to access, review and edit existing problems, and to create new problems.

## Additional resources

Please refer to the *Student Guide to EHR Go* for information on logging in to Go and launching the EHR for an activity.

## FAQs about problems

1. **Can I delete a problem from a chart?**
   a. Yes, if you originally added the problem to the chart, it may be deleted. See *Accessing Problems in the EHR* section. If you did not add the problem, the status of the problem can be changed to 'Removed' or 'Inactive'. See *Editing a Problem* section.

2. **What coding classification systems are available in EHR Go?**
   a. ICD-9, ICD-10, and ICD-10-CA codes are available. It is also possible to enter a problem without a code or to use a different coding system by using the 'Free Text' option when entering a new problem.
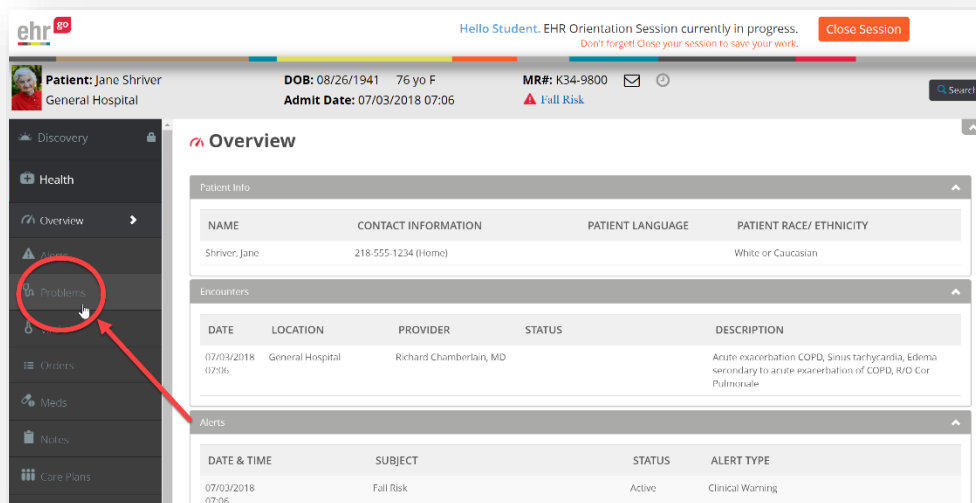3. **What does a status of S/P mean?**
   a. "Status post", which means the patient had the problem in the past.
4. **What should be entered in the Priority field?**
   a. Problems can be prioritized to indicate their current importance in the patient's status. The Priority field is a free text field that enables you to prioritize existing problems, such as first, second, third priority or to indicate the patient's Presenting or Admitting diagnosis. You may also leave the Priority field blank.

# Accessing problems in the EHR

After launching the EHR for any patient chart, select the Problems tab on the left side of the screen:



The summary view shown below provides the Priority, Status, Description, Immediacy, Date of Onset, and Provider for all problems that have been documented. By default, the list is sorted by Date of Onset with the most recent at the top. You can tell the sort order because 'Date of
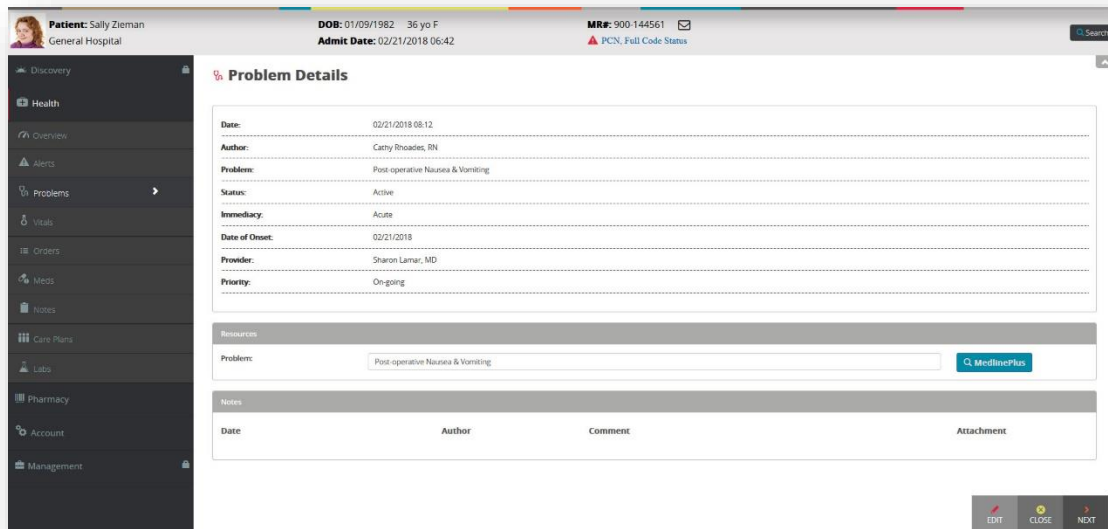
Onset' appears in blue and has an arrow pointing down, indicating a descending order.



You may sort by any of the columns by clicking on the heading then the arrow that appears next to it.



Click on any problem in the listing to access the problem details:

The details view includes the same information as found in the summary with the addition of an optional Notes section for comments and/or attachments.

From this details view, you may select from the following menu options found in the bottom right corner of the screen:

**Previous:** Brings you to the previous problem in the list if you're not already looking at the first problem.

**Delete:** This option will appear only for problems that you have entered, allowing you to completely delete the problem listing. Warning: Deleting the problem completely removes it from the chart and it cannot be recovered.

**Edit:** Allows you to modify an existing problem. See next section on *Editing a Problem* for more information.

**Close:** Exits the details view of the specific problem and returns to the summary list.

**Next:** Brings you to the next problem in the list if you're not already looking at the last problem.

# Editing a problem

You may edit an existing problem after selecting it from the summary list and choosing **Edit**. Most often, an existing problem is edited to update the status in order to keep the problem list up-to-date. However, you may modify any of the existing field entries and/or add a new comment to the problem. Note: It is not possible to edit existing comments. For more information about the problem fields, please see the *Writing a New Problem* section below. After making edits to the problem, select **Save.**

The problem edits are only applied to your instance of the chart and no other users will see your changes. Problem edits are tracked in the specific EHR session and corresponding Progress Report which can be submitted to your instructor for review. The Progress Report is found under Download Work (see *EHR Go Guide to Completing and Submitting Work*).

# Entering a new problem

After selecting the Problems tab in any patient chart, select **New** in the bottom-right corner to author a new problem in the chart.

The following Problem entry screen will appear:

If you would like to exit the problem without saving your work, select **Cancel** in the bottom right corner of the screen.

Otherwise, complete the following sections, then select **Save.** Keep in mind, you can delete or edit and continue your problem at a later time (see *Editing a Note* section).

**Date:** This field reflects the date the problem was documented in the chart. The current date will populate by default or another date may be entered. The onset date of the problem, or the date the problem started, is documented separately, see **Date of Onset.**

**Author:** This field is intended to reflect the person who entered the problem in the chart. This field will default to you or the user entering the Problem. You may also select one of the pre-defined providers from the list. The author may be different than the provider who diagnosed the problem, see **Provider** field.

**Problem:** This field is where the problem is entered. Problems are listed in EHR Go based on three different classification systems, ICD-9, ICD-10, or ICD-10-CA. Select one of the classification systems, ICD-9, ICD-10, or ICD-10-CA, then begin typing the name or code of the problem into the field. At least 3 characters must be entered to search the database. Entering more characters will further narrow the search results. Ensure you are spelling correctly when typing to obtain accurate results.

If you would like to enter a problem using another classification system or a problem without a code associated with it, select the **Free Text** option and manually type the full title of the problem and the code, if applicable.

**Status:** Select from one of the following options:

> **Active:** The patient has the problem currently.

> **Inactive:** The patient had the problem at one point, but it is no longer active.

> **Resolved:** The problem was treated and is no longer active.

> **Removed:** The problem was entered in error and should not be considered.

**Immediacy:** Select from one of the following options:

**Acute:** The problem is sudden or severe, like appendicitis. It can also occur for a short period of time which varies by condition.

**Chronic:** The problem is long-lasting, generally longer than 3 months, and is not cured by medication or other treatment, like hypertension.

**Unknown:** It is not clear if the problem is acute or chronic.

**S/P:** "Status post" - The patient had the problem in the past.

**Date of Onset:** This date is when the problem first occurred.

**Provider:** A licensed provider must be selected as the responsible party for any new problem. Select any of the pre-defined provider options from the list.

**Priority (optional):** Provides additional information about the importance of the problem. Examples of priority entries include: On-going, Periodic, Controlled, Today, Admitting, Presenting, Treated with medication or diet, Needs diet counseling, etc. Priority can also be used to rank the patient's existing problems with First, Second, Third, and so on.

**Notes:** This section allows the author to make additional free-text comments about the problem and/or add an attachment. Multiple notes may be added. Notes may be used to document the progress of a problem over time. For example, add photos and descriptions of a wound or lesion to document healing progress.

**Save:** After completing the fields and selecting Save, the new or updated problems will be added to your instance of the patient chart. No other users will see these changes in the patient chart since all users have their own, private instance of the chart.

When you are finished in the patient chart, select **Close Session**. **Important!** This is how your work is saved. Do not close your browser window or tab without clicking Close Session.

The Progress Report for this EHR session will be updated with the new or edited problems and you may submit the report to your instructor when you have completed the assignment. If you make edits to the problems in future work on this EHR session, the Progress Report will be updated accordingly. (See *EHR Go Guide to Completing and Submitting Work).*

# Problems on the Overview tab

The Overview tab of the patient chart also includes the summary view of the problems



It is not possible to edit or create a new problem or a new note for a problem from the Overview tab. If there are more than five problems in the patient chart, you may select **See More** to be brought to the Problems tab to see the full list of problems or to edit or add new problems.