

# **EHR Usability Test Report of PatientKeeper 8.4**

*Report based on ISO/IEC 25062:2006 Common Industry Format for Usability Test Reports*

PatientKeeper 8.4

Date of Usability Test: June 27, 2018 – July 8, 2018

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Report Prepared By: PatientKeeper  
Catherine Donohue,  
Vice President Product Management and Quality Assurance  
PatientKeeper  
781-373-6444  
[cdonohue@patientkeeper.com](mailto:cdonohue@patientkeeper.com)  
880 Winter Street, Suite 300  
Waltham, MA 02451

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## EXECUTIVE SUMMARY

A usability test of PatientKeeper 8.4, a Modular Inpatient EHR, was conducted on June 27, 2018 through July 8, 2018 by PatientKeeper. The purpose of this test was to test and validate the usability of the current user interface, and provide evidence of usability in the EHR Under Test (EHRUT). During the usability test, 10 participants with varying medical credentials served as participants and used the EHRUT in simulated, but representative tasks. This study collected performance data on 8 tasks typically conducted on an EHR:

1. Enter Medication Orders
2. Enter Laboratory Orders
3. Enter Radiology Orders
4. Invoke and respond to Drug-drug and Drug-allergy Interaction Checks
5. Manage Problems List
6. Manage Medication List
7. Execute Clinical Information Reconciliation and Incorporation (Medication Reconciliation only)
8. Enter Electronic Prescribing

Prior to the usability test, each participant was invited to participate, and willingly accepted, via an email exchange. Participants had prior experience with the EHR. The test was administered via an online tool. The tool used was Survey Monkey, which instructed participants to complete a series of tasks (given one at a time) using the EHRUT. During the testing, the users responded to prompts which recorded timing, recorded success/deviation of each requested task, and solicited input (free text) on the EHR functionality. No assistance was provided in how to complete the task. Errors were captured by the administrator reviewing the EHR data after each participant's test session to compare expected and actual results.

The following data was captured

- Number of tasks successfully completed within the allotted time without assistance
- Time to complete the tasks
- Number and types of errors
- Path deviations
- Participant's comments on functionality (free text)
- Participant's satisfaction ratings of the system

The Likert-based usability scoring was applied; resulting in an average score of 4.275 across the eight tasks.

In addition to the performance data, the following qualitative observations were made:

### - Major findings

The tasks were executed nearly flawlessly, reflecting the intuitiveness of the system. The system was not running on production-grade hardware and the participants were therefore subjected to less-than ideal performance and directly contributed to the time deviations across most tasks. Regardless of performance challenges, the usability scores were very positive.

### -Areas for Improvement

In future usability testing, the EHRUT should be run on production-grade hardware to effectively test user experiences in as relevant an environment as possible.

## INTRODUCTION

The EHRUT(s) tested for this study was PatientKeeper 8.4. Designed to present medical information to healthcare providers in Inpatient settings, the EHRUT consists of a web-based portal containing “demo data”. The usability testing attempted to represent realistic exercises and conditions. The purpose of this study was to test and validate the usability of the current user interface, and provide evidence of usability in the EHR Under Test (EHRUT).

## METHOD

### PARTICIPANTS

A total of 10 participants were tested on the EHRUT(s). Participants in the test were MDs, RNs, and PharmDs. Participants were recruited by PatientKeeper and were not compensated for their time. Participants had a mix of backgrounds and demographic characteristics, represented various professional roles and varying degrees of experience with the EHRUT. The following is a table of participants by characteristics, including demographics, professional experience, computing experience and user needs for assistive technology. Participant names were replaced with Participant IDs so that an individual’s data cannot be tied back to individual identities.

Participant ID	Gender	Age	Degree	Occupation	Prof Exp	Comp Exp	Prod Exp	Assist Tech
10101579580	Male	40-49	Bachelor's	RN	240	96	36	No
10100162717	Male	50-59	Doctorate	MD	240	240	6	No
10099871665	Male	40-49	Doctorate	Clinical Informatics Prof.	180	252	48	No
10099867910	Female	30-39	Bachelor's	Implementation Consultant	216	120	72	No
10098651210	Female	30-39	Doctorate	Pharmacist	96	240	36	No
10098192450	Female	30-39	Doctorate	Pharmacist	96	300	36	No
10095579337	Female	40-49	Doctorate	Pharmacist	240	180	48	No
10094981327	Male	40-49	Bachelor's	Implementation Consultant	156	240	84	No
10093396022	Female	40-49	Doctorate	MD	240	360	144	No
10084407903	Female	40-49	Bachelor's	RN	144	240	144	No

Participants were required to complete the Usability Testing between June 27, 2018 and July 8, 2018. Administer tracked completion and results via the online tool’s reporting module.

### STUDY DESIGN

Overall, the objective of this test was to uncover areas where the application performed well – that is, effectively, efficiently, and with satisfaction – and areas where the application failed to meet the needs of the participants. The data from this test may serve as a baseline for future tests with an updated version of the same EHR and/or comparison with other EHRs provided the same tasks are used. In short, this testing serves as both a means to record or benchmark current usability, but also to identify areas where improvements should be made.

Specific to the Clinical Information Reconciliation testing, only tasks related to Medication Reconciliation were incorporated. The fact that none of PatientKeeper’s current or prior customers nor current or prior prospects have been inclined to expose Problem Reconciliation or Allergy Reconciliation workflows to their provider end-users. Given this reality, PatientKeeper was unable to apply its User-Centered Design Process as described in PatientKeeper’s 170.315.g.3 Attestation to work with invested provider end-users to establish functional

requirements and optimal design for the Problem Reconciliation and Allergy Reconciliation screens. This remains the case with PatientKeeper 8.4. Usability testing against these screens was therefore determined to be out of scope for the purposes of this session.

During the usability test, participants interacted with 2 internal environments; one for CPOE, Problem, Medication List and Clinical Reconciliation tasks and a second for the eRx tasks. Each participant accessed the systems via a url which was provided in the online tool's instructions. Each participant was provided with the same instructions, the only exception being the patients each participant was instructed to use. The system was evaluated for effectiveness, efficiency and satisfaction as defined by measures collected and analyzed for each participant:

- Number of tasks successfully completed within the allotted time without assistance
- Time to complete the tasks
- Number and types of errors
- Path deviations
- Participant's comments on functionality (free text)
- Participant's satisfaction ratings of the system

## TASKS

A number of tasks were constructed that would be realistic and representative of the kinds of activities a user might do with this EHR, including:

1. Enter Medication Orders
2. Enter Laboratory Orders
3. Enter Radiology Orders
4. Invoke and respond to Drug-drug and Drug-allergy Interaction Checks
5. Manage Problems List
6. Manage Medication List
7. Execute Clinical Information Reconciliation and Incorporation (Medication Reconciliation only)
8. Enter Electronic Prescribing

## PROCEDURES

Participants were instructed to perform the tasks without assistance. The administrator monitored the systems to ensure the systems remained available and accessible to the participants.

For each task, the participants were given instructions via the online tool. The participants were prompted to record whether they successfully completed each task, how long each task took, and their assessment of the functionality via a usability scale.

Following the session, the administrator reviewed the scoring via the online tool's reporting capabilities. Each participant's results were collected and compiled to develop the scoring discussed in the Data Scoring and Results sections.

## TEST LOCATION

The testing was executed remotely, with participants accessing the EHRUTs remotely via the internet and following instructions via an online tool.

## TEST ENVIRONMENT

The EHRUTs would typically be used within an inpatient setting or remotely, outside of an inpatient setting. An example of a remote setting would be a physician's home or office. In this instance, the testing was conducted remotely and participants were not required to disclose what type of environment they were

conducting the testing from. For testing, the participants used their personal laptops, running either an IE or Chrome browser. The participants used a mouse and keyboard when interacting with the EHRUT.

Because the participants used their personal equipment, the EHRUT was displayed based on the screen size, resolution settings and color setting of each participant's personal settings. The application itself was running on a Windows server using a demo database on a WAN connection. Technically, the system performance was representative to what actual users would experience in a field implementation. Additionally, participants were not instructed to change any of the default system settings.

## TEST FORMS AND TOOLS

During the usability test, various instruments were used, including:

- Email
- Survey Monkey Instructions and Prompts
- Survey Monkey Results Reporting
- PatientKeeper Audit Report

## PARTICIPANT INSTRUCTIONS

The following instructions were provided to each participant via the online tool.

### CPOE- Medication

Select a patient and navigate to Enter Orders

Search and select a Medication Order

Open Order Detail screen and Modify frequency or dose; Click OK

Review changes on New Orders List

### CPOE -Laboratory

Select a patient and navigate to Enter Orders

Search and select a Lab Order (ie CBC)

Open Order Detail screen and Modify start date or priority; Click OK

Review changes on New Orders List

### CPOE - Radiology

Select a patient and navigate to Enter Orders

Search and select a Rad Order (ie Chest X-Ray)

Open Order Detail screen and Modify priority or start date; Click OK

Review changes on New Orders List

### Drug-drug, Drug-allergy Interaction Checks

Select patient and navigate to Enter Orders

Search and select Cipro

Search and select Coumadin

Drug-Drug Interaction alert will display. Select Override or Choose "Don't Order"

Search and select Penicillin

Drug-Allergy interaction alert will display. Select Override or Choose "Don't Order"

### Problem List

Select a patient and navigate to Add Problems

Search and select CAD. Save problem list.

Click Resolve next to an existing problem

Review Problem List with filter = "Active"

Review Problem List with filter = "All"

### Medication List

Select a patient and navigate to Enter Orders  
Search and select Diabeta  
Select existing order for Lasix. Modify the dose or frequency  
Submit Orders  
Navigate to Medication List and select the "Active" checkbox  
De-select "Active" checkbox

### Clinical Information Reconciliation and Incorporation (Medication Rec only)

Select patient and navigate to "Enter Orders", Select "Admission Med Rec" button  
Continue, Stop, Change home meds to generate a list of hospital orders  
Select Sign/Submit (If configured, this will also generate a CCDA)

### Electronic Prescribing

Select a patient and navigate to "Enter Orders"; Click the "Discharge Med Rec" button  
Continue a hospital med to create a prescription  
Select the med again from the benefits check screen  
Under Default Pharmacy, select the Pharmacy link; enter Houston, TX in the "Nearby" field  
Select the TX Pharmacy 10.6 MU and Save the prescription  
Click Reconcile and Submit  
From Review Prescriptions screen, click Reconcile and Submit  
From Discharge Med Rec screen, click the pencil next to a discharge prescription order  
Modify the dose or duration; Click OK to Save the prescription  
Click Reconcile and Submit  
From Review Prescriptions screen, click Reconcile and Submit  
From the Discharge Med Rec screen, change Action for Discharge from a green arrow to Stop  
Click Reconcile and Submit  
From Review Prescriptions screen, click Reconcile and Submit  
From Discharge Med Rec screen, click on External Medication History link

## USABILITY METRICS

The goals of the test were to assess:

1. Effectiveness of PatientKeeper 8.4 by measuring participant success rates and errors
2. Efficiency of PatientKeeper 8.4 by measuring the average task time and path deviations.
3. Satisfaction with PatientKeeper 8.4 by measuring ease of use ratings.

## DATA SCORING

<b>Measures</b>	<b>Rationale and Scoring</b>
<b>Effectiveness: Task Success</b>	A task was counted as a "Success" if the participant was able to achieve the correct outcome, without assistance, within the time allotted on a per task basis.  The total number of successes were calculated for each task and then divided by the total number of times that task was attempted. The results are provided as a percentage.  Task times were recorded for successes. Observed task times divided by the optimal time for each task is a measure of optimal efficiency.

	<p>Optimal task performance time, as benchmarked by expert performance under realistic conditions, is recorded when constructing tasks. Target task times must be operationally defined by taking multiple measures of optimal performance and multiplying by some factor [e.g., 1.25] that allows some time buffer because the participants are presumably not trained to expert performance. Thus, if expert, optimal performance on a task was [x] seconds then allotted task time performance was [x * 1.25] seconds. This ratio should be aggregated across tasks and reported with mean and variance scores.</p>
<p><b>Effectiveness: Task Failures</b></p>	<p>If the participant abandoned the task, did not reach the correct answer or performed it incorrectly, or reached the end of the allotted time before successful completion, the task was counted as a “Failures.” No task times were taken for errors.</p> <p>The total number of errors was calculated for each task and then divided by the total number of times that task was attempted.</p> <p>On a qualitative level, an enumeration of errors and error types should be collected.</p>
<p><b>Efficiency: Task Deviations</b></p>	<p>The participant’s path (i.e., steps) through the application was recorded. Deviations occur if the participant, for example, went to a wrong screen, clicked on an incorrect menu item, followed an incorrect link, or interacted incorrectly with an on-screen control. This path was compared to the optimal path. The number of steps in the observed path is divided by the number of optimal steps to provide a ratio of path deviation.</p>
<p><b>Efficiency: Task Time</b></p>	<p>Each task was timed from when the administrator said “Begin” until the participant said, “Done.” If he or she failed to say “Done,” the time was stopped when the participant stopped performing the task. Only task times for tasks that were successfully completed were included in the average task time analysis. Average time per task was calculated for each task. Variance measures (standard deviation and standard error) were also calculated.</p>
<p><b>Satisfaction: Task Rating</b></p>	<p>Participant’s subjective impression of the ease of use of the application was measured by administering both a simple post-task question as well as a post-session questionnaire. After each task, the participant was asked to rate “Overall, this task was:” on a scale of 1 (Very Difficult) to 5 (Very Easy). These data are averaged across participants. Common convention is that average ratings for systems judged easy to use should be 3.3 or above.</p>



# RESULTS

## DATA ANALYSIS AND REPORTING

The results of the usability test were calculated according to the methods specified in the Usability Metrics section above. Participants who failed to follow session and task instructions had their data excluded from the analyses.

Task/Measure	N	Task Success	Path Deviation	Task Time		Errors	Task Ratings 5=Easy
	#	Mean	Deviations (Observed/Optimal)	Mean	Deviations (Observed/Optimal)	Mean	Mean
CPOE - Meds	10	100	8/7	38.7	13.7 seconds of deviation / 25 optimal seconds	0	4.5
CPOE - Labs	10	100	9/7	25.4	.4 seconds of deviation / 25 optimal seconds	0	4.6
CPOE - Rads	10	80	9/7	56	31 seconds of deviation / 25 optimal seconds	0	3.3
Drug-Drug	10	100	12/10	68.9	33.9 seconds of deviation / 35 optimal seconds	0	4.3
Problem List	10	90	7/7	59.4	29.4 seconds of deviation / 30 optimal seconds	0	4.5
Med List	10	100	10/10	65.2	35.2 seconds of deviation / 30 optimal seconds	0	4.4
Clin Info	10	90	9/9	50.9	5.9 seconds of deviation / 45 optimal seconds	10	4.5
eRx	10	100	21/19	214.5	64.5 seconds of deviation / 150 optimal seconds	0	4.1

## DISCUSSION OF THE FINDINGS

### EFFECTIVENESS

Based on the success, failure and path deviation data, the software proved effective in enabling participants to achieve the correct outcome. There was only one task which reflected an Error, and this was a result of test data not being properly set up ahead of the testing.

## EFFICIENCY

Based on the observations of the task time and deviation data, task times were elevated, and slowness noted by participants. The fact that the testing was conducted on an EHRUT that was not running production-grade hardware directly contributed to the time deviations.

## SATISFACTION

Based on the task ratings, the software proved easy to use and relatively intuitive.

## MAJOR FINDINGS

The tasks were executed nearly flawlessly, reflecting the intuitiveness of the system. The system was not running on production-grade hardware and the participants were therefore subjected to less-than ideal performance and directly contributed to the time deviations across most tasks. Regardless of performance challenges, the usability scores were very positive.

## AREAS FOR IMPROVEMENT

In future usability testing, the EHRUT should be run on production-grade hardware to effectively test user experiences in as relevant an environment as possible.

## APPENDICES

1. Recruiting Letter
2. Survey Tool Instructions and Prompts

**APPENDIX 1 USABILITY TEST RECRUITING LETTER**

**From:** Donohue Cathy

**To:**

**Subject:** PatientKeeper - Invitation to participate in Usability Testing

**Importance:** High

**Dear \_\_\_\_\_,**

As part of PatientKeeper's preparation for our 2015 Edition ONC certification, we are required to conduct a Usability Test of required end-user tasks covering basic aspects of CPOE, Med Rec, Problem Management, and ePrescribing. We are hoping that you will be amenable to participating in this effort.

The testing will be conducted remotely with tasks, results and comments being delivered/captured via Survey Monkey. Participants will be instructed to access PatientKeeper demo environments and demo data. Participants will receive an email containing a link to the survey and will be able to execute the test at their convenience. The test itself should take no more than 20 minutes to complete.

Please respond and let me know if you are willing to participate in our Usability Testing.

Thank you in advance for your assistance!

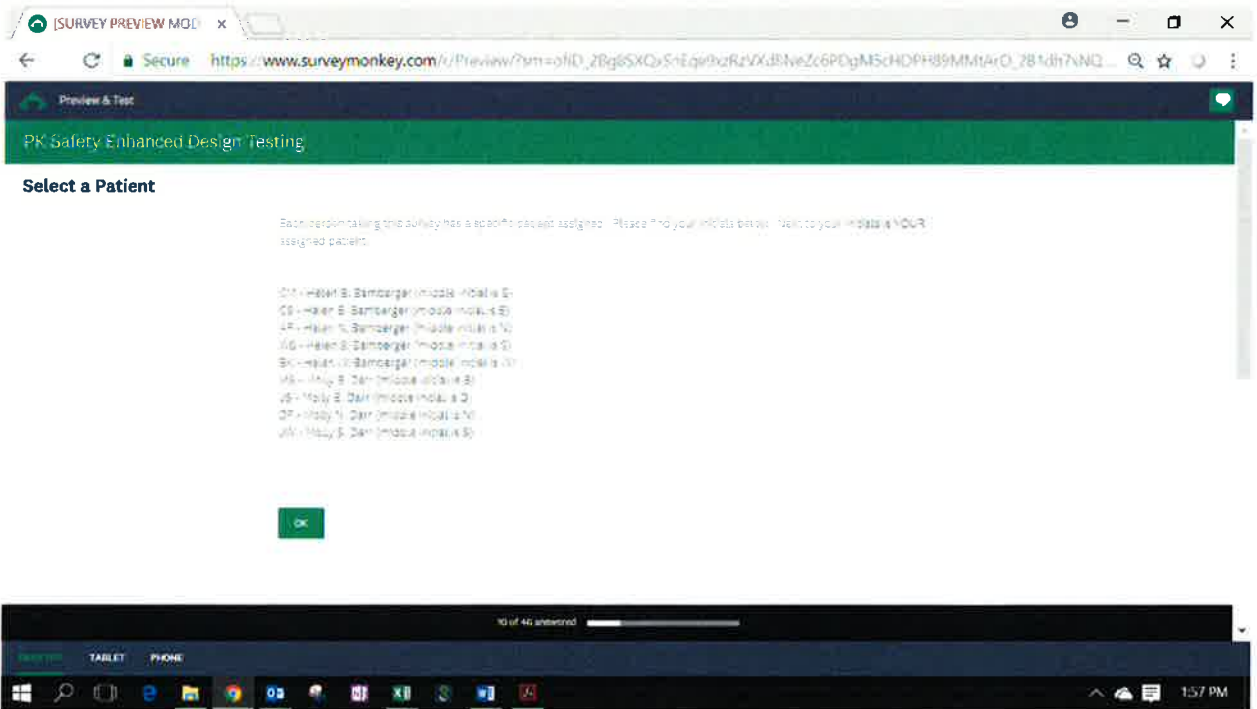
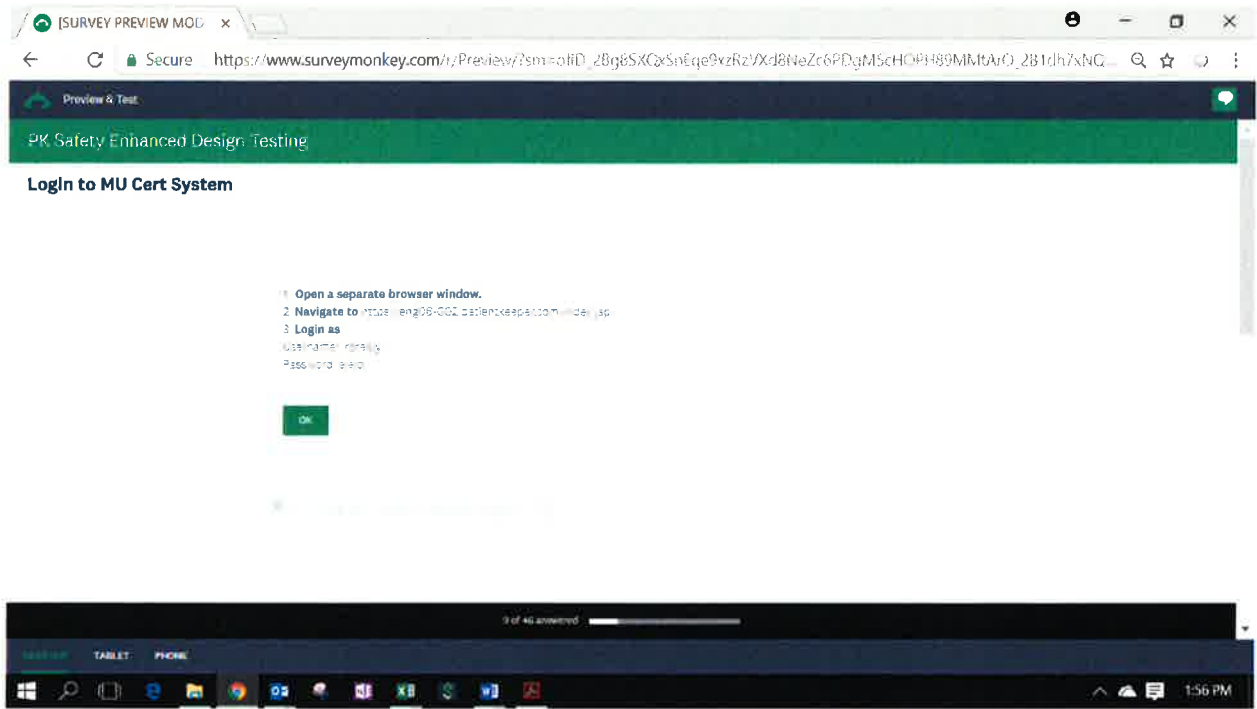
*Cathy*

**Catherine Donohue** | Vice President, Product Management & Quality Assurance  
O 781 373-6444 | M 857-231-0320 | [cdonohue@patientkeeper.com](mailto:cdonohue@patientkeeper.com)  
880 Winter St, Ste 300 | Waltham, MA 02451



**APPENDIX 2**

**Usability Testing Instructions and Prompts – PatientKeeper 8.4**



[SURVEY PREVIEW MODE] x

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Preview & Test

### PK Safety Enhanced Design Testing

#### (a.1) CPOE -Meds

Starting from the Orders middle link, navigate to "Enter Orders" by clicking the "Enter Orders" button.

- 1 Read below steps before you begin.
- 2 Start stopwatch.
- 3 Record medication via CPOE - Search for Lasix; select Lasix.
- 4 Change medication via CPOE - Open detail screen and change frequency or dose. Click OK.
- 5 Dismiss changed CPOE medication closer - Review changes on New Orders List. Do not submit.
- 6 Stop stopwatch.

OK



[SURVEY PREVIEW MODE] x

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Preview & Test

\* 12. Did you accomplish this task?


Yes

No



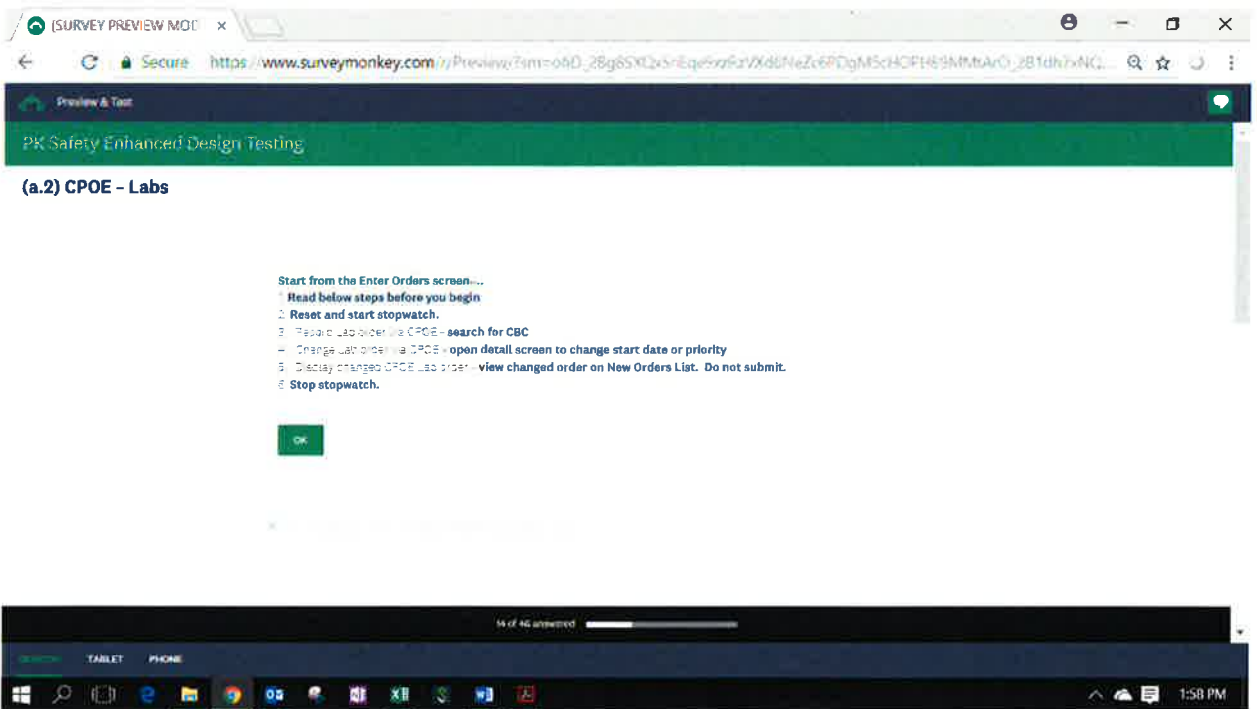
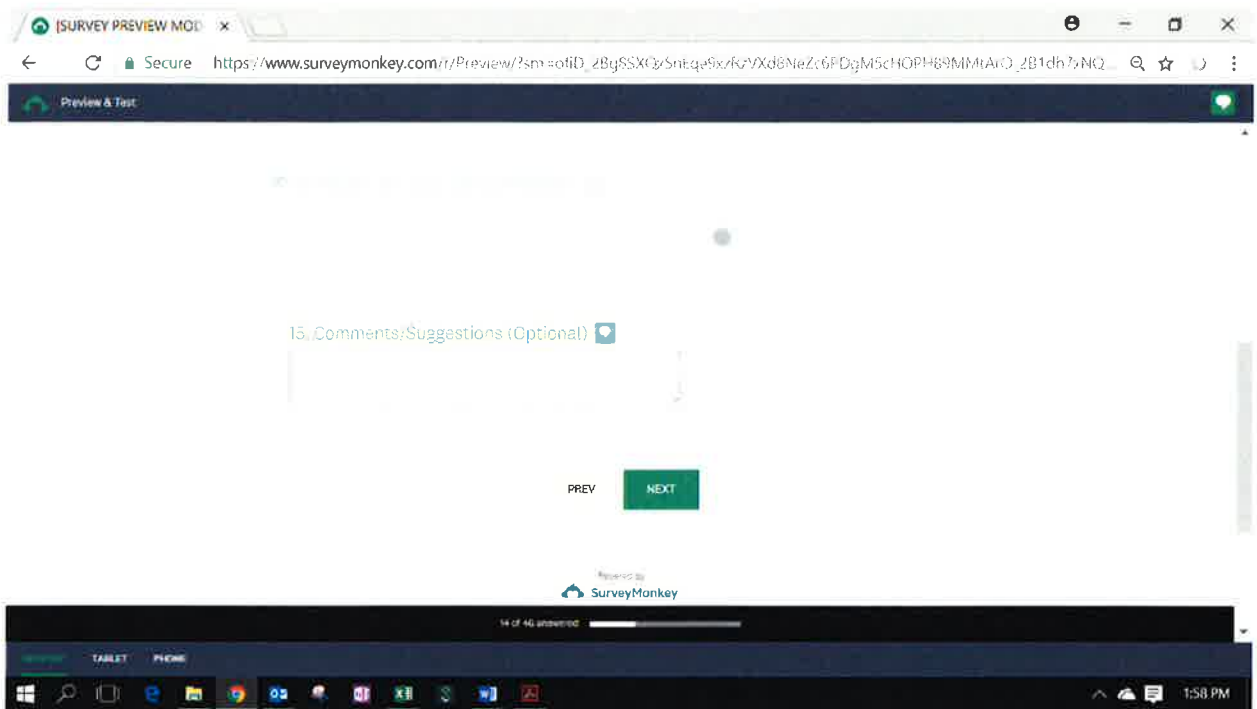
\* 13, How long did this task take you? (m:ss) 

00:12

\* 14, Please rate your user satisfaction 

1 (not at all) 2 3 4 (best)

OK



Preview & Test  
PK Safety Enhanced Design Testing

**(a.3) CPOE – Diagnostic Imaging**

- Start from Enter Orders...
- 1 Read below steps before you begin
  - 2 Reset and start stopwatch
  - 3 Record imaging order via CPOE - search for a chest x-ray (CXR)
  - 4 Change imaging order via CPOE - open detail and change priority or start date
  - 5 Display on the CPOE imaging screen - review order on New Orders List. Do not submit.
  - 6 Stop stopwatch

OK



Preview & Test  
PK Safety Enhanced Design Testing

**(a.4) Drug-drug, drug-allergy interaction checks for CPOE**

- Start from Enter Orders
- 1 Read below steps before you begin
  - 2 Reset and start stopwatch
  - 3 Using CPOE trigger a drug-drug interaction by entering a new medication order Search for cipro; order cipro. Search for coumadin; order coumadin. You will get an interaction between these drugs and cerners also with one patient's existing orders. You can choose to override or choose "Don't Order".
  - 4 Using CPOE trigger a drug-allergy interaction by entering a new medication order Search for penicillin; order penicillin. You will get an allergy interaction. You can choose to override or choose "Don't Order".
  - 5 Stop stopwatch

OK





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Preview & Test

PK Safety Enhanced Design Testing

### (a.6) Problem List

Exit Enter Orders  
Navigate to Problem List (middle link)

- 1 Read below steps before you begin
- 2 Reset and start stopwatch
- 3 Select a patient and record a new problem on the problem list: Click + sign next to Problem List. Search for and add CAD as a problem. Save Problem to list.
- 4 Resolve an existing problem on the problem list: Click Resolve next to an existing problem.
- 5 Filter problem list to show AOT/E problems: Change filter from "ALL" to "Active"
- 6 Filter problem list to show ALL medical issues: Change filter from "Active" back to "ALL"
- 7 Stop stopwatch

OK

39 of 40 answered

TABLET PHONE

2:00 PM

[SURVEY PREVIEW MOD] x

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Preview & Test

PK Safety Enhanced Design Testing

### (a.7) Medication list

Navigate to Orders (middle link). Filter list to "Medications"

- 1 Read below steps before you begin.
- 2 Reset and start stopwatch
- 3 Record a medication to the medication list: Click Enter Orders. Search for Diabeta; order Diabeta.
- 4 Change a medication on the medication list: Select existing order for Lasix. Click the "Modify" button. Change the dose or frequency. Click ok. SUBMIT YOUR ORDERS.
- 5 Display the active medication list: Back on the CPOE medications list, click the "Active" checkbox.
- 6 Display the historical medication list: On the CPOE medications list, de-select the "Active" checkbox.
- 7 Stop stopwatch

OK

39 of 40 answered

TABLET PHONE

2:00 PM

Preview & Test  
PK Safety Enhanced Design Testing

**(b.2) Clinical Information Reconciliation and Incorporation**

- Starting from the "Orders" middle link, navigate to AMR by clicking the "Admission Med Rec" button.
- 1 Read below steps before you begin
- 2 Reset and start stopwatch
- 3 Conduct reconciliation of the medications with the information currently in the patient's record. Continue, Stop and Change home medications to generate a list of hospital orders.
- 4 Generate new reconciled data. Click Submit.
- 5 Stop stopwatch

OK



Preview & Test  
PK Safety Enhanced Design Testing

**Login to ePrescribing System.**

ePrescribing is the test step. In order to ePrescribe, you need to login to a system connected to Quest Diagnostics.  
Navigate to <https://eng001001.cadencevasco.com>  
Login as:  
username: eu2  
password: 123

OK



[SURVEY PREVIEW MODE] x

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Preview & Test

(b.3) e-Prescribing

Starting from the "Orders/Presc" middle link, navigate to OMR by clicking the "Discharge Med Rec" button.

1. Read below steps before you begin
2. Result and start stopwatch
3. 0:00:00 (0:00:00)
4. Continue a hospital medication (such as Furosemide 20mg Oral QD) to create a prescription.
5. Select the med again from the benefits check screen
6. Under Default Pharmacy (on the right of the order detail screen), click the Select Pharmacy link if no pharmacy has been selected.
  1. Clear out the address in the "Nearby" field, and type in Houston, TX, then click Search.
  2. Select the TX Pharmacy 10 6 MI.
  3. Click OK to save the prescription.
7. Click Reconcile and Submit (and Submit Partial Med Rec, if there are unreconciled medications)
8. If prompted, enter password "723" to sign
9. From Review Prescriptions screen click Reconcile and Submit.

4. Change the dose or dosage instructions

1. Click Discharge Med Rec button again.
2. On the furosemide (Lasix) prescription (or whatever hospital order you decided to continue above), click the pencil button and Modify.
3. Change the Dose (for example 20mg to 40mg) or Duration (# of Days)
4. Click OK to save the prescription.
5. Click Reconcile and Submit (and Submit Partial Med Rec, if there are unreconciled medications)
6. If prompted, enter password "723" to sign
7. From Review Prescriptions screen click Reconcile and Submit.

5. Do not check stop

1. Click Discharge Med Rec button again.
2. On the furosemide (Lasix) prescription, in the Action for Discharge claim hover over the green arrow and change the action to Stop.
3. Click Reconcile and Submit (and Submit Partial Med Rec, if there are unreconciled medications)
4. If prompted, enter password "723" to sign
5. From Review Prescriptions screen click Reconcile and Submit.

6. Repeat the above steps for another medication

01 of 10 questions

TABLET PHONE

2:02 PM

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Preview & Test

PK Safety Enhanced Design Testing

You're done!

Thank you much for taking time to participate in our research. We appreciate your feedback and suggestions.

PREVIOUS

FINISH

Powered by SurveyMonkey

01 of 10 questions

TABLET PHONE

2:03 PM