

# From the Office of Health Informatics Ambulatory Nursing Intake Workflow Primary Care/Pediatric RN/LPN/MA June 27, 2025

The Ambulatory Nursing Intake serves as a foundation for the patient's care encounter. The primary goal is to gather essential patient data, which will assist healthcare providers in delivering safe medical care. The following workflow uses best practice recommendations specific for Primary and Pediatric practices.

## **Ambulatory Nursing Workflow: The Patient Story**

The ambulatory workflow intake process consists of four sources of clinical information.

- Patient's Verbal History
- Pre-Visit Intake
- Outside Records
- > Historical Information in Local Record

Ambulatory clinical staff will use this information to reconcile,

update, and document within the Ambulatory Workflow MPage to allow healthcare providers to deliver safe medical care to their patients.

## **Recommended Workflow**

- Chief Complaint
  - Enter **Chief Complaint** within the component on the MPage and select **Sign**.
- Recommendations
  - Navigate to the **Recommendations** component to update recommendations, as appropriate. For more information on using Recommendations, click <u>here</u>.
- Patient Intake App (Primary Care & Pediatrics)
  - Navigate to the Patient Intake App (Tonic), located within the MPage. The Patient Intake App is used to review answers submitted by the patient to start the reconciliation process. Open the Patient Intake App to reconcile patient submitted medications and allergies. For more information, click here.

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NOTE:	The Patient Intake App is a component located within the Workflow MPage.



Amb Nursing 2018

Chief Complaint

Recommendations

Patient Intake App Allergies (4)

Home Medications (4)

Histories

Vital Signs ...

### > Allergies

If outside records exist, a **purple diamond •** appears next to the label **Outside records found**.

- Click View Records to reconcile allergies.
- Click the **Add** button or click the dropdown to view the following options:
  - Add
  - Add with Changes
- Select Add with Changes to modify fields such as Category, Severity, Type, Status, and Source.

#### **<u>NOTE</u>**: Required fields may be indicated when adding allergies with changes.

- Click Save.
  - Added Allergies are saved to the local record.
- To **dismiss** an allergy, click the **Reject** button.
  - To undo, click the **Undo** button under the **Actions** column.
- Click Mark as Reviewed when completed.
- NOTE: Mark as Reviewed is now the Reconcile Action.
- <u>NOTE</u>: For more information on adding Allergies, click <u>here</u>.

#### Home Medications

If outside records exist, a **purple diamond** • appears next to the label **Outside Records**.

- Click View Records to reconcile outside home medications.
- Click the **Add** button under the Actions column.
  - The medication populates to the **right** in purple.
- Scroll down to see the medication details.
- The following medication details can be updated:
  - Dose
  - Route
  - Frequency
  - Duration

<u>NOTE</u>: Medications older than six months or medications with an inactive status do not appear for reconciliation review. Click "All" in the Date Range dropdown or the Inactive dropdown under Status.

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- Update **Compliance** then click **Save**.
  - The medication is added to the local record.
- Click **Reject Remaining** for medications that are no longer active. Reject Remaining (10)
- Click Mark as Reviewed when completed.
- **<u>NOTE</u>**: Mark as Reviewed is now the Reconcile Action.
  - Update **Compliance** then click **Save**.
    - The medication is added to the local record.
  - To dismiss a medication, click the **Reject** button under the Actions column.



#### **<u>NOTE</u>**: If a medication was rejected in error, click *undo* next to Reject.

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#### Histories (Procedures)

If outside procedure history records exist, a **purple diamond** • appears on the **Procedure** tab as well as the label, **Outside records found**. Only procedure history will appear for outside records.

- To reconcile **Procedures**, navigate to the **Histories** component within the Amb Nursing 2018 Workflow MPage.
- Click the **View Records** button from the top right of the screen.

Histories								All Visits	9
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Outside record	ds found	d. Outside record	s are availabl	le to be added to	the local reco	rd.		View Records	s

- Local records open to the right.
- Outside records open to the left of the screen.
- Review the patient's procedure history and click the **Add** button or click the dropdown to view the following options:
  - Add
  - Add with Changes
- Select Add with Changes to modify fields such as Procedure Date/Time, Laterality, Ranking, and Comments.

Actions		
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- Click Save.
  - The procedure is added to the local record.
- To dismiss a procedure, click the **Reject** button.
- Click **Reject Remaining** for procedures that may be duplicate or already exist within the local record.

Reject Remaining (10)

- **<u>NOTE</u>**: A deduplication and filtering process exists.
  - Once reconciliation is complete, click Mark as Reviewed.
- **<u>NOTE</u>**: Mark as Reviewed is now the Reconcile Action.
- <u>NOTE</u>: Family history will continue to be updated from the History component. Social history is completed within the Intake form, as quality metrics are captured through the completion of the fields contained within that form.
- **<u>NOTE</u>**: The Problems tab position can be moved by clicking and dragging with the mouse. Click the Exit button to Save.
- Immunizations
  - Within the **Immunization** component, use the **Import** button to pull the patient's recorded vaccines and forecasted immunizations from the Maine Immunization Information System (ImmPact) registry into the patient's record. For more information, click <u>here</u>.
- Vital Signs
  - If adding additional vital signs, measurements, and pain scale assessments after the initial intake is done for that visit, navigate to **Vital Signs** component. For more information on using Vital Signs component, click <u>here</u>.
  - Navigate to **Clinical Entry Workspace (CEW)** to add appropriate Intake form. For more information on using Clinical Entry Workspace click <u>here</u>.
    - Complete the applicable fields within the Intake form for the visit type.
- <u>NOTE</u>: The sections within the intake form must be clicked for review for data to flow from the virtual patient intake (Tonic). For more information, click <u>here</u>.

For questions regarding process and/or policies, please contact your unit's Clinical Educator. For questions regarding workflow, please <u>place a ticket</u> to Health Informatics. For any other questions please contact the Customer Support Center at: 207-973-7728 or 1-888-827-7728.