Other sessions discuss how to set up and use the ViewPoint Treatment Chart. In this class, we will focus on the reasons why and the process by which a practice should move from paper to electronic charts. You will leave with a practical understanding of the benefits of electronic charting, as well as what to do-and not do-to ensure a successful transition.

Office Checklist
- Determine benefits of electronic charting for your office
- Determine hardware needs if any
- Have organizational staff meeting to discuss and design your treatment chart styles and treatment plan
- Load the Treatment Chart module
- Convert necessary information from paper charts
- Opening day!

Class Outline
- Brief overview of the benefits of electronic treatment charting
- Determining hardware needs
- Preliminary Planning
  - Designing a chart that works for your office
  - Developing a schedule to implement electronic charting by your target date
  - Deciding what information to convert, how best to convert it and who will be responsible for typing or scanning in the information
- Day one-what to expect
- Questions and Conclusion
HANDOUT #1

ORGANIZATIONAL STAFF MEETING FOR ELECTRONIC TREATMENT CHARTING

SUPPLIES FOR MEETING:

- Several examples of your present charts
- Hopefully, some examples from other offices already using electronic charting
- An easel with blank paper (a lot of paper!!)
- Colored Markers
- Pencils
- Very large eraser
- Coffee and donuts

Target Date for Start of Electronic Treatment Charting:

Target Date to Discontinue Using Old Treatment Charts:

1. Do we hope to eliminate the need for paper charts altogether which will require scanning all correspondences and forms? What storage space will be needed on the computer to do this for all patients?

2. What are the things in our present charting system that we want to keep?

3. What, if any, are the things we’d like to add to our existing charting system?

4. What are the things that we want to track for each appointment?

5. What styles do we need (see Handout #2)? (Suggestion: use one page on an easel per style) Frequently the styles will match your existing Treatment Phases. What colors do we want for each style?

6. Define columns needed for each style (see Handout #4). What type column do we want it to be (see Handout #2)? What colors do we want for each style?

7. Determine width needed for each column. If a style or column design no longer meets your needs you can simply inactivate the style and create a new one. (Comment: The more consistency there is in columns from one style to another the easier it will be to read the Treatment Chart. Example: If you are going to have an x-ray column in most styles, try to have that line up from one style to the next.)

8. What sections do we want in Treatment Plan (see Handout #3)?

9. How long do we want to pull charts after the conversion? How long will we continue to print buck/routing slips?
ORGANIZATIONAL STAFF MEETING FOR ELECTRONIC TREATMENT CHARTING

10. What information do we need from the old charts to be able to discontinue pulling charts in the time frame outlined above? (Some items to consider: treatment plan, date of last x rays, elastics in use, present wires and dates they were started, last chart entry, etc.) Would we like to design a style used specifically for the conversion entry?

11. How and where do we want the information outlined above in Question #8 to be entered into the chart? Who is going to do it and when? Are there any charts that need to be scanned into the Correspondence History?

12. How do we want to mark the charts so that there is no possibility that a chart will be filed prior to the treatment plan and any additional information being entered?

13. What is our emergency plan in the event that we come in one morning and the computers are not up and running?

14. What changes should be made, if any, to our current backup system so that there is a current backup, off the premises, in the event of an office fire, etc.?

15. Do we want to print a hard copy of the Treatment Chart and Plan at the completion of treatment? If so, what system needs to be in place to ensure this happens consistently?

16. What are the benefits of this system that we want to promote with our patients and our referring dentists?

Finally, clearly define who is responsible for each task (setting up the Treatment Chart, entering patient data, etc.) and set up completion dates for all assignments.

ASSIGNMENTS

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# COLUMN TYPES

- **Date**: Inserts system date
- **List only**: Allows you to pick from a list only but does not allow you to type in a customized entry.
- **Type only**: Allows you to type in an entry but there is no list to choose from.
- **List and type**: Allows you to choose from a list or type a customized response.
- **Appointment Procedures list**: Brings up your current appointment procedure list to choose the next appointment from.
Handout #3 - Treatment Plan

Treatment Plan Categories

Each patient’s Treatment Plan allows you to enter information from as many different categories as you set up. A patient can have more than one Treatment Plan (i.e. Phase One and Phase Two).

Treatment information from the Findings page of the patient record can be imported for faster Treatment Plan entry. Expanding your use of Diagnostic Findings prior to implementing Electronic Treatment Chart will make the transition even smoother.

Examples of Treatment Plan Categories

1. Initial Concern
2. Medical Concerns
3. Problem List
4. Diagnosis
5. Treatment Plan
6. Retention
7. Miscellaneous
COLUMN CONSIDERATIONS

The following are some suggestions, thoughts and observations regarding columns and lists to consider for your office. Although this is based on having worked with numerous offices in implementing and refining electronic treatment chart, ultimately your treatment chart should be designed to match your treatment note style. These suggestions are listed in no particular order and are offered in the hope that they will be helpful in designing your office’s treatment chart.

ID#/ASSISTANT: The use of a numbering system to identify the person who worked with the patient that day eliminates the possibility of having staff with the same initials. Once a number is assigned it is never “recycled” and it is important that a master list of staff name and numbers be kept. Some offices choose to use all three initials of each staff person. If you have an office where there is more than one orthodontist you may want to consider having a Doctor column to indicate the Doctor that saw the patient that day. This is especially important in offices with multiple Doctors where patients are routinely shared among the Orthodontists.

OH: Possible lists: an A, B, C grading system, a G, F, P (good, fair, poor) system or a numbering system. In any of these systems you may want a way of noting that OH was discussed with a parent (i.e. PC for Parent Conference).

HEADGEAR, ELASTICS or COOPERATION: Some offices like having separate columns for some or all of these and others simply include this in their daily notes. If you have a HG column you may want to consider D/C for discontinued or NT for nighttime use. For elastics you may simply want to note the type of elastics being worn in the column and put additional notes in the daily notes.

UW/LW: If you only put a wire type in the column on the day a wire is changed it makes it much easier to visually see when that change occurred. If a wire is noted for every visit, even when not changed, it is harder to see how long a particular wire has been used.

XRAY: Consider keeping your descriptions as abbreviated as possible to limit the width of the column.

WK: (number of weeks before next appointment) If your initial choices on the list correspond with the number of weeks (i.e. #1 would be 1W) entry will be faster. Typically I see 1 through 8 weeks as choices and then 3M, 6M, and 1Y. You may want the final entry to be zero, which would mean the appointment could be scheduled as soon as possible.

LTR: Having a column that indicates that a letter needs to be sent out can be helpful in tracking that information. Keep in mind that as of right now, there is no way to link this column to an auto-event that would produce that letter.

FEE: If you include a fee column you may want N/C on your list. This can clarify when a procedure is done (i.e. impressions for a retainer) and the fee is being waived. This will eliminate the possibility that another staff person will ask for payment when the patient has already been told there will be no charge.

TREATMENT PROVIDED/TODAY’S TREATMENT: The width of this column can vary depending on the Treatment Phase being written about. For example, Pre-Treatment style notes may require a wider column for more detailed notes whereas Invisalign Treatment style may have enough information in the other columns to minimize the amount of space needed.

NV/VW (Next Visit/View): Most often I have seen this column placed as the furthest column to the right hand side. This allows it to be as wide or as detailed as you need. If you are going to use this column for any notes that you might not want to have displayed on the screen you can set up your columns so that only a small section of the View column shows (just enough so that you can tell when there are additional notes. You would have to scroll over to read the notes.).

MAX RET/MAND RET: If you design a style specific to the retention phase of treatment, you may want columns that will display the current retainers being used. Again, I would recommend only putting a response in the column on the day a retainer is delivered. This will make it much faster to scan that column and see the date a patient received that retainer.

INVISALIGN COLUMNS: Some offices have found that Invisalign treatment warrants having a separate style specific to that treatment. Some columns to consider, that will minimize the detail needed in your daily notes, might include: CU (current upper aligner# being worn), CL (current lower aligner# being worn), DelU (Upper aligners delivered to patient at today’s visit), DelL (Lower aligners delivered to patient at today’s visit), IPR (column to notate areas where reconturing was done at today’s visit)