# Problem List Guide

Use the information in the guide to add and update the Problem List. To jump to a specific topic, click the name in the table of contents.

# Problem List Rules of the Road

## Purpose of the Problem List:
- Intended to provide effective, efficient, comprehensive overview of the patient.
  - Allows coordination and continuity of care.
- Problem List should contain any active, chronic or recurrent disease that would impact one's care/management of the patient.
- Items on the Problem List should be useful and relevant.
- It is **not** primarily a coding/billing tool.
- The maintenance of this list is required by Joint Commission and Meaningful Use.
- Entries on the Problem List can drive other functionality within Epic.
  - **Ambulatory/ED:** Items on the Problem List trigger **References** for **Patient Instructions** during a clinic visit and can suggest SmartSets and fire Our Practice Advisories (OPAs).
  - **Inpatient:** Items on the Problem List will be able to trigger certain behavior (i.e. suggest order sets, add items to the Navigator, fire OPAs).

## Problem List Functionality:
- Problem List exists at the patient level.
  - This means it follows the patient from hospitalization to hospitalization and from visit to visit.
- Admission diagnoses entered as part of an admission order (mandatory field) populates the Problem List (inpatient).
- **INPATIENT**: Only providers have security to edit the Problem List.
  - Nurses and Ancillary departments enter plans of care which auto-populates problems under multi-disciplinary problems section on the Problem List (can filter out of view).
- **AMBULATORY**: All clinical users have the ability to edit the Problem List.
  - Problem List is only part of the Provider's workflow.
  - Problem List is owned at the provider level.
  - In appropriate situations, nurses can edit the list in the ambulatory arena.
  - Practices should have guidelines surrounding when a nurse can/should edit the Problem List.

## Who is responsible for Problem List maintenance?
- All providers (PCP, specialists, and covering physicians) caring for a patient are responsible for updating and managing the Problem List at each encounter with the patient.
- All providers should contribute to the maintenance/cleanup of the Problem List to the best of their ability, this includes:
  - Keep the problem list useful and relevant
  - Remove duplicates
  - Resolve problems as appropriate
  - Merge problems when necessary (see instructions below)

## What should be Included on the Problem List?

- Diseases requiring ongoing management.
    - o If patient requires chronic medication management or ongoing medical care, then the item should be on the Problem List.
- Principal Problem needs to be identified for inpatients.
    - o Identified in notes and the AVS.



- High risk PMH, Social or Family history influencing current care of the patient.
- Undiagnosed symptoms:
    - o Avoid rule outs R/O's, instead:
        - ▪ Enter unexplained symptoms
        - ▪ Change to the most specific diagnosis as the story unfolds using **Change Diagnosis**
- Specific treatment plan surrounding a particular disease can/should be documented in Overview section.
- Provider who **'Resolves'** a problem should enter a final summary in the **Overview** section for future reference.
- When appropriate, add the 'Resolved Problem' to the history section.
    - o This can be done by clicking on the **Details** link on the problem and clicking **Add to History.** If you add to history, it will save you the time of having to manually enter it after the problem has resolved.
    - o In a navigator, hover over the X next to the problem and choose **Resolve and Add to Hx**.

- **'Share with Patient'** (inpatient and ambulatory): allows the patient to see the problem on the AVS and MyChart (this is the default for most problems).
- Problem List **should not include:**
    - PE codes
    - Acute self limited problems
    - Family history (unless it is influencing current care)

**Handling some of the more challenging Problem List scenarios:**
1) **Chronic or waxing and waning problems.**
    a. **Scenario:** Drug induced neutropenia, where patient is not consistently neutropenic but remains on drug which causes the neutropenia.
        i. Tag problem as 'chronic'. Chronic is identified with a red push pin.
        ii. Add note in the Overview section.
            1. I.e. Chronic, do not remove while patient is on tacrolimus.

2) **Acute recurrent problem.**
   a. **Scenario:** Fever and neutropenia.
      i. Include start date in the overview
         1. Resolve when appropriate.
         2. Include date range when problem was active in the overview.



3) **Merging Problems**
   a. **Scenario:** Abdominal pain, nausea, vomiting, fever in a patient who ends up having appendicitis.
      1. The most accurate problem should be changed to the more accurate diagnosis.
         a. Use the triangle icon to update the diagnosis.
      2. Use one of the following methods to merge the other problems into the more accurate problem:
         • Right-click on the problem and select **Merge**.
         • Hover over the Resolve icon shown with an X and select **Merge**.
      3. Select the Problem with the most accurate information that this problem will be merged into.
      4. Choose which Overview Notes to keep.
      5. Click **Merge**.

Right-click to display the menu

Problem List

Search for problem  + Add  DxReference

Show: ☐ Past Problems

Diagnosis

Hospital Principal Priority

Hospital (Problems being addressed during this admission)

DM type 1 (diabetes mellitus, type 1) ☑ ◇ ↕ Unprioritized △ ✕ ⋁

Appendicitis, acute ☑ ◆ ↕ Unprioritized △ ✕ ⋁

Nausea with vomiting ☑ ◇ ↕ Unprioritized △ ✕ ⋁

Present on Admission?: Yes No ?

✕ Resolve
◔ Add to Medical History
↺ Add to Medical History and Resolve
🗑 Delete
⤞ Merge
☑ Share with patient
▤ Add to Routine Dx Preference List
▤ Add to Common Dx Preference List
⊞ Search in Dx Reference
↻ Refresh

Non-Hospital (Problems not being addressed during this admi

Hay fever ☐ ↕ Unprioritized △ ✕ ⋁

Exercise-induced asthma ☐ ↕ Unprioritized △ ✕ ⋁

Multidisciplinary

Glucose Imbalance ⋁

✓ Mark as Reviewed  Last Reviewed by Stethoscope, Sam, MD or

Problem List Activity ⤢

✓ Close  ↑ Previous  ↓ Next

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Problem List ✏

+ Care Coordination Note

Se  Open Problem List  + Add  DxReference

Show: ☐ Past Problems 🔧

Diagnosis

Hospital (Problems being addressed during this admission)

⤞ Merge Into  Acute appendicitis ⬅ 3

⤞ Merge Into  Fever

✕ Cancel  Nausea with vomiting  ⚙

✓ Mark as Reviewed  Last Reviewed by Emergency, Nurse, RN on 11/11/2021 at 1:11 PM

Problem List Activity ⤢

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Problem List

+ Care Coordination Note ↑ ↓

Search for problem  + Add  DxReference

Show: ☐ Past Problems 🔧

Diagnosis

Hospital (Problems being addressed during this admission)

⤞ Merge Into  Asthma with exacerbation

⤞ Merge Into  Influenza A (H1N1)

⤞ Merge Into

⤞ Merge Into

✕ Cancel

✓ Reviewed

Problem List Activity ⤢

✓ Close  ↑ Previous  ↓ Next

**Merge Problems**  ✕

ⓘ **Review these warnings before merging.**
Hospital problem history from Nausea with vomiting will be merged into Acute appendicitis. Hospital history merge cannot be undone.

Merge **Nausea with vomiting** into

**Acute appendicitis**

Diagnosis:  Acute appendicitis ⇄ △ Change Dx
Noted:  7/6/2023
Diagnosed:  —
Resolved:  —
Priority:  Unprioritized
Class:  —
Share with Patient:  Yes
Chronic:  No
Hospital Problem:  Yes
Principal Problem:  No
Present on Admission:  Unknown

Overview Note:  ⦿ Both notes
○ Acute appendicitis
○ Nausea with vomiting

A&P Notes:  No assessment & plan notes to be merged.

⤞ Merge  ⬅ 5  ✕ Cancel

Expected D
Expected dischar

Vital Signs

+ New Reading

LIP Documen
Temp
Heart Rate
Resp
BP
SpO2
Height and W
Height CM

with Inpatoutpat, Md, MD and Eme…

↻
Flowsheets ⤢

## Deleting and Reactivating Problems

If a problem has inadvertently been added to the Problem List, you can remove it.

1. Right-click on the problem you want to delete and choose **Delete** from the menu.



2. A window will open verifying you want to delete the problem. Select the appropriate button.

**You can view deleted problems and reactivate them, if necessary.**

1. Select the checkbox next to Past Problems.
2. The problem(s) that have been deleted will show within the section it was deleted from.
3. If you need to reactivate a deleted problem, right-click the problem and choose **Make Active** from the list.
4. The problem is reactivated with the same information that was originally specified.

## Automatically Resolving Transient Issues

In April of 2020 we started using an Epic feature that allows for transient/acute issues on a patient's Problem List to be automatically resolved.

1.  The following diagnoses will be resolved if on the active problem list for more than 4 weeks:

| | | |
|---|---|---|
| Conjunctivitis | Gastroenteritis | Sickle Cell Crisis |
| Dehydration | Impacted Cerumen | Asthma Exacerbation/status asthmaticus |
| Diabetic Ketoacidosis | Neutropenic fever | Viral Upper Respiratory Infections |
| Fever | Pharyngitis | Urinary Tract Infections |
| | | Bronchiolitis, RSV |

2.  The following diagnoses will be resolved if on the active problem list for more than 6 weeks:

| | | |
|---|---|---|
| Constipation | Impetigo | Sinusitis |
| Croup | Pneumonia | Thrush |
| Diarrhea | Viral Exanthem/rash | Otitis Media |
| Head lice | Scabies | Lacerations |

If there is a problem on the Problem List that should **not** be resolved (that is from the list above), mark the problem as chronic (use the push pin as shown below).



Chronic problems will not be resolved in this auto clean-up process.

Problems associated with treatment plans will not be resolved in this auto clean-up process either.

Automatically resolved issues can still be found for the patient by selecting the Past Problems checkbox.

You can reactivate a problem that has been auto-resolved by right-clicking the problems and selecting **Add to Problem List as Active**. When a problem has been automatically resolved, it will show the "User Batch Job" was responsible for resolving the problem.

## Reconcile Problem List from Care Everywhere

1. Open the patient's chart.
2. From the **Problem List** activity or **Plan Activity**, click Go Reconcile in the orange banner.
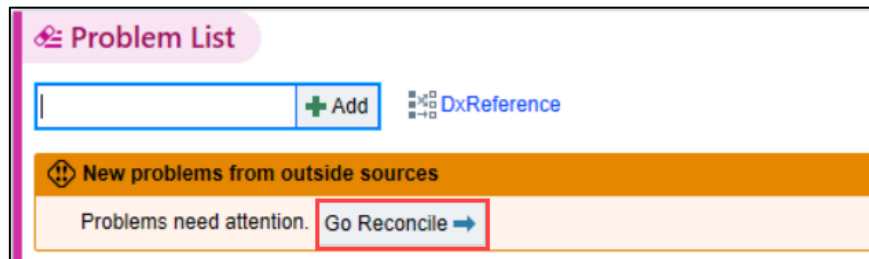


3. The Reconcile Outside Info activity opens. Here you can review problems from other organizations.
    a. Use the buttons to review the problems viewable via Care Everywhere.
        i. ✚ - Adds the problem to our Epic Problem List.
        ii. ↺ - Adds as resolved to our Epic Problem List and also to our Past Medical History.
        iii. 🗑 - Removes this problem from the list of problems to be reconciled. This does not remove it from the patient's chart at outside organizations.
    b. Click **Accept** when you are finished.
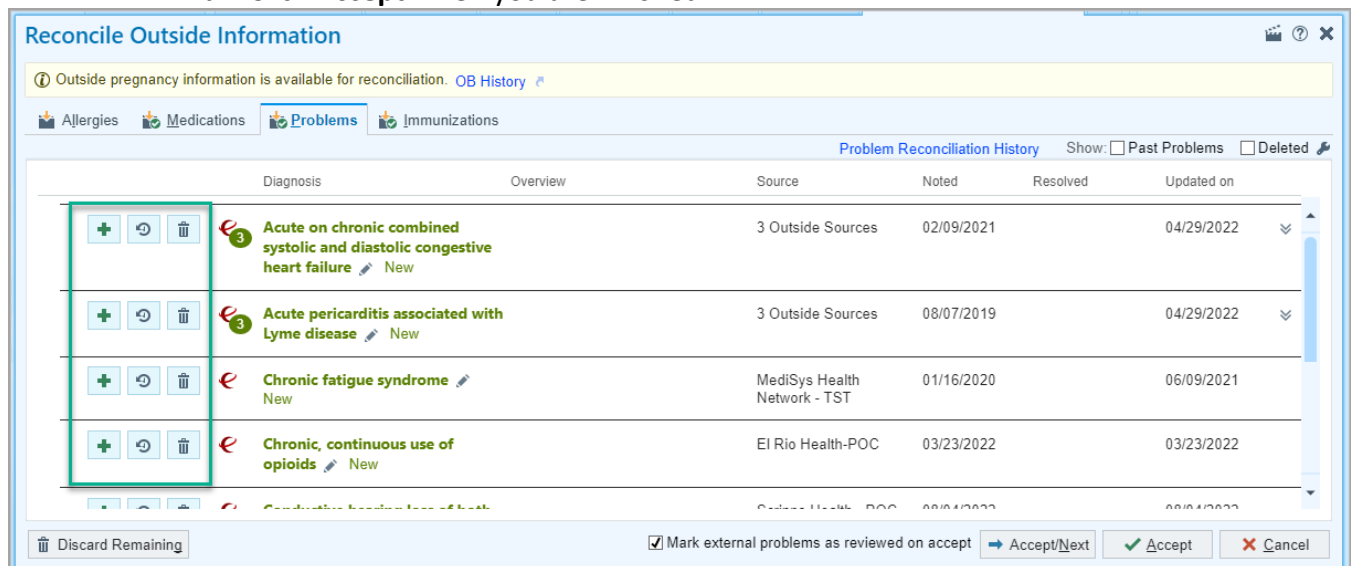
**Discharge Problem List Process:  Maintaining a "Cleaner" Problem List**

1. In order to maintain a "cleaner" Problem List, providers should resolve acute hospital problems at the time of Problem List reconciliation at hospital discharge, with knowledge that the problem is "almost resolved".
    a. The PCP and/or other providers can look at the Discharge summary, Notes, History, etc. to gain further details.
    b. Our goal is a consistent, clean and accurate Problem List for the patient, provider and other users.
2. The Problem List will try to guide your choice of Action (Active or Resolved).
3. A help text will show at the top to give some instruction to help you reconcile the Problem List. **Resolve hospital problems that are no longer present at the time of discharge or expected to resolve with treatment.**

# Identification of Patient Population

The Problem List can be used to identify particular patient populations.  For example: Palliative Care is using Problem List to identify their patient population.

    ii.   Patient lists of this patient population can be generated and potentially drive the behavior of the software based on the fact the patient belongs to a certain patient population.

    iii.   If you decide to use the Problem List for patient populations other than those identified in this document, please work with your Epic Provider Liaison to develop standards and processes.

    iv.   Palliative Care Patient and Anesthesia are two items that you will see on the Problem List for certain patients. These are added by Palliative Care or Sedation Services departments and should not be removed by anyone other than those departments.

## Adding a Patient Population to the Problem List

1. From the patient's chart, click on the **Problem List** activity tab.
2. Add the problem to the Problem List.
   a. Update the **Display** field as appropriate.
   b. In the Overview section use the SmartPhrase that has been created/shared with you to add the comment.
3. Click **Accept**.



Below is what your Problem List will look like when you have added Palliative Care Patient.

## Patient Populations Identified on Problem List

'Share with Patient' and 'Display Name' are two different Problem List tools.
In certain cases, using the Problem List to identify patients includes changing the display name. In some cases the display name will show in MyChart (if the display name was changed), but in other cases the patient-friendly term will show.

| Problem | Identified By | Display Name | Share w/ Patient (AVS Display) | Share w/ Patient (MyChart Display) | Overview |
|---|---|---|---|---|---|
| **Anesthesia** | Sedation Services | Patient requires anesthesia referral for sedation. | Shows patient-friendly term of Loss of Sensation. If Display Name was updated, Display Name will show. | Shows patient-friendly term of Loss of Sensation. If Display Name was updated, Display Name will show. | .sednote -or- Information placed by Sedation Services. Please do NOT remove. |
| **Medically Complex Patient** | Any department | Same as Problem | Shows name of Problem. If Display Name was updated, Display Name will show. | Shows name of Problem. If Display Name was updated, Display Name will show. | .complexpt -or- Patient followed by <name of service> complex medical care team. |
| **Metabolic Conditions (specific condition will be listed) Example - PKU** | Genetics | Same as Problem | Shows patient-friendly term of Metabolic Disease. If Display Name was updated, Display Name will show. | Shows patient-friendly term of Metabolic Disease. If Display Name was updated, Display Name will show. | .erprob -or- This patient has a metabolic condition, please see emergency treatment letter under Media tab/Letter tab. Do not remove/resolve this from the problem list. |
| **Palliative Care Patient** | Palliative Care Team | Same as Problem | Shows name of Problem. If Display Name was updated, Display Name will show. | Shows name of Problem. If Display Name was updated, Display Name will show. | .palcarepatient -or- This patient has been or is being followed by the Palliative Care team. Do NOT remove or resolve this item from the problem list. |
| **At High Risk for Respiratory Distress** | Pulmonology | High Risk Asthma | Shows name of Problem. If Display Name was updated, Display Name will show. | Shows name of Problem. If Display Name was updated, Display Name will show. | .highriskasthma -or- High risk asthma defined by *** criteria. Please do not remove this diagnosis placed by Pulmonary. |
| **Port or Broviac Catheter in place** | Hematology/ Oncology | Same as Problem | Shows name of Problem. If Display Name was updated, Display Name will show. | Shows name of Problem. If Display Name was updated, Display Name will show. | Add details to overview about what type of needle to use for access if appropriate. |
| **Transfusion Reaction** | Hematology/ Oncology | Same as Problem | Shows name of Problem. If Display Name was updated, Display Name will show. | Shows name of Problem. If Display Name was updated, Display Name will show. | Add information about recommended treatment for this reaction, including pre-medications, and the particular blood product to which the patient reacted. |
| **Opioid Agreement** | Regional Burn Center; Pain Center | Same as Problem | Shows name of Problem. If Display Name was | Shows name of Problem. If Display Name was updated, | Patient has Opioid Agreement on file; please review agreement before |

| | | | updated, Display Name will show. | Display Name will show. | prescribing opioids. Please do not remove problem. |
|---|---|---|---|---|---|
| **Difficult Intubation or Malignant Hyperthermia** | Any department | Same as Problem | Shows name of Problem. If Display Name was updated, Display Name will show. | Shows name of Problem. If Display Name was updated, Display Name will show. | .aneprob **-or-** DO NOT REMOVE without consultation with anesthesia. |

## Reporting

If you would like to create a Reporting Workbench Report that lists your patients with one of the above populations on the problem list, please reach out to your Epic Provider Liaison for assistance or see below for instructions.

## Inpatient Reporting

1. Open **My Reports** from the top toolbar.
    - You may need to look under the More button to find it.
    - If you don't see it, click the Epic button and use the search field to search for My Reports.
2. In the Search field enter **find ip ach**.
    a. The Find IP Patients Generic Criteria report can be used to search for patients with certain criteria.
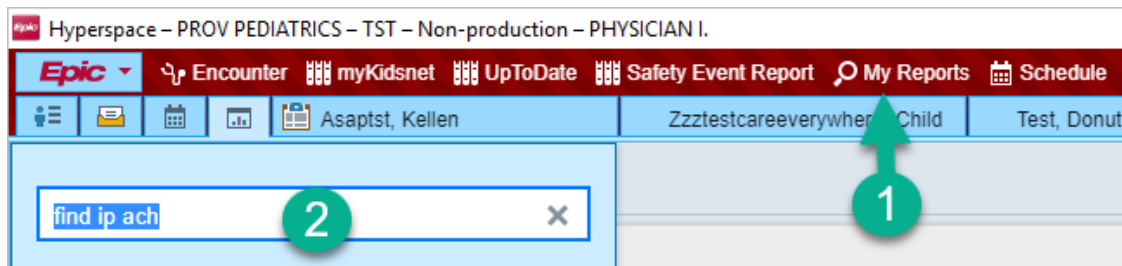


3. When the results come up, hover over the **Find IP Patients Generic Criteria – ACH** row and click the **Create a new report from this template** button to the right.
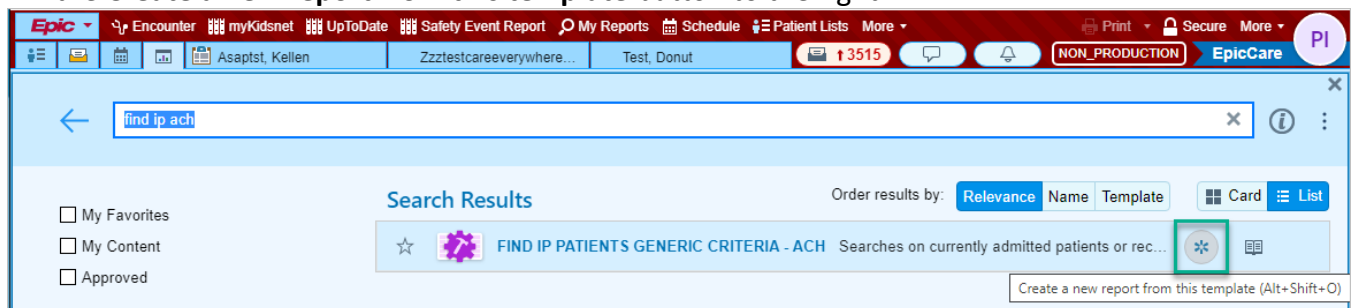


4. When the report settings window opens, search for the criteria below:
    a. Criteria Tab:
        i. **Admitted Patients by Department:** All
            1. You can change the department to a single department.
        ii. **Prob List: contains (enter text):** enter the name of the problem on the problem list.
            1. The example below uses Palliative Care.

b. **Display Tab**:
   i. **Add column** from the available columns on the left by clicking the arrow button to move it to the Selected Columns list:
      1. Problem List [59102]
   ii. **Remove columns** from the selected columns on the right:
      1. RWB Order Summary



c. **General Tab:**
   i. Give the report a name and make sure it is marked as Private.
   ii. Click **Save As** and give your report a name. Click Accept.

iii. Click **Run**.

iv. The report you created will show all patients with the specific population you chose on the Problem List.



To find the saved version of this report:

1. Click **My Reports**.

    a. Search for the title you gave the report when saving it.

    b. Click the Star to the left of the report to save it as a Favorite.

    c. It will then be available in the My Favorites view.

**Ambulatory Reporting**

1. Open **My Reports** from the top toolbar.
   - You may need to look under the More button to find it.
   - If you don't see it, click the Epic button and use the search field to search for My Reports.
2. In the Search field enter **Find Patients – Generic Criteria**.
   a. The Find Patients - Generic Criteria report can be used to search for patients with certain criteria.
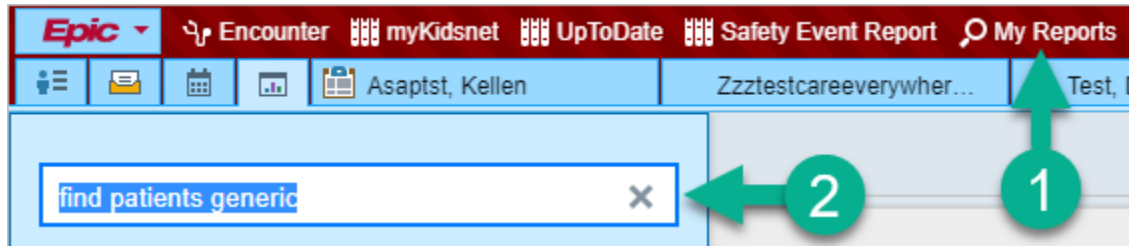


3. When the results come up, hover over the **Find Patients - Generic Criteria – ACH** row and click the **Create a new report from this template** button to the right.
4. When the results come up, hover over the **Find Patients Generic Criteria ACH** row and click **New Report** to the right.
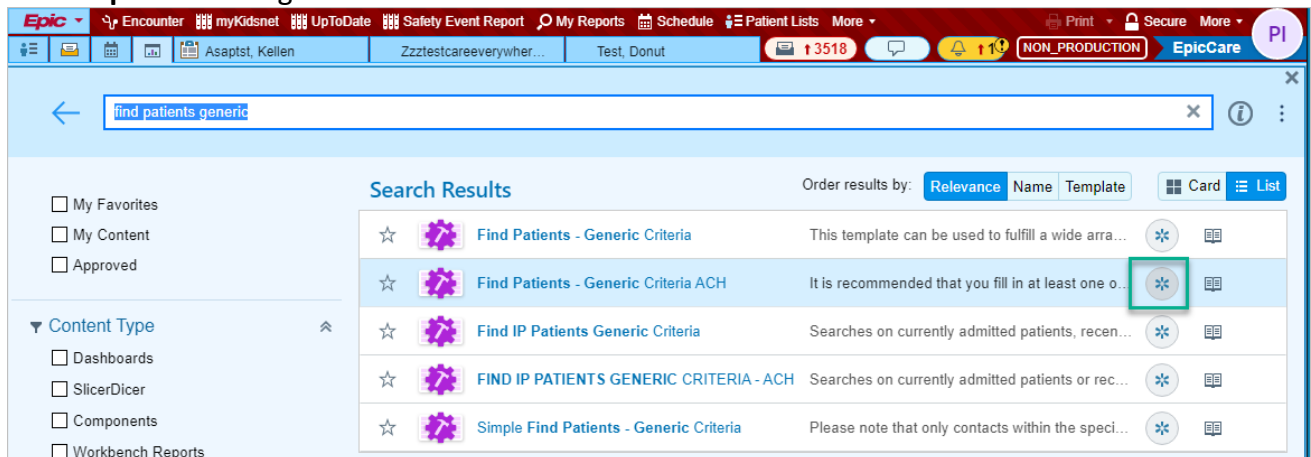


2. When the report settings window opens, search for the criteria below:
   a. **Criteria Tab:**
      i. Change the **From Date:** and **To:** fields as needed.
      ii. **Patient Base:** You can set to My Patients or change to All Patients.
      iii. **Problems:** Enter the name of the problem on the problem list.
         1. The example below uses Palliative Care Patient.

b. **Display Tab**:
   i. **Add column** from the available columns on the left:
      1. Problem List [59102]
c. **General Tab:**
   i. Give the report a name and make sure it is marked as Private.
   ii. Click **Save**, then **Run**.
   iii. The report you created will show all patients with the specific population you chose on the Problem List.

To find the saved version of this report:
3. Click **My Reports**.
   a. Search for the title you gave the report when saving it.
   b. Click the Star to the left of the report to save it as a Favorite.
   c. It will then be available in the My Favorites view.