<table>
<thead>
<tr>
<th>Team Members Performing:</th>
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<tbody>
<tr>
<td>X All faculty and staff</td>
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<tr>
<td>_____ All faculty and staff providing direct patient care or contact</td>
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<tr>
<td>_____ MD</td>
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<td>_____ RN</td>
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<td>_____ LPN</td>
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<td>_____ VUSN/VUSM students</td>
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<tr>
<td>_____ Other licensed staff (specify):</td>
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<td>_____ Other non-licensed staff (specify):</td>
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<tr>
<td>_____ Not Applicable</td>
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<tr>
<th>Guidelines Applicable to:</th>
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<tbody>
<tr>
<td>X VUH</td>
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<tr>
<td>X VMG*</td>
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<tr>
<td>X Children’s Hospital</td>
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<td>X VPH</td>
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<td>_____ VUSM</td>
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<td>_____ Other (specify):</td>
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<td>_____ Exceptions (specify):</td>
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* Includes satellite sites unless otherwise specified.

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<tr>
<th>Specific Education Requirements:</th>
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<tbody>
<tr>
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<tr>
<th>Physician Order Requirements:</th>
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MESSAGE BASKETS

I. Outcome Goal:

Consistent use of Message Baskets to support secure, accurate and complete medical record documentation and patient safety and quality of care.

II. Policy:

Vanderbilt University Medical Center (VUMC) provides a secure electronic communication system (“Message Baskets”) accessed through the electronic health record system (Star Panel). All clinical providers who see patients in Vanderbilt Medical Group (VMG) clinics have a designated Message Basket listed in the Star Panel directory unless an exception has been approved by the Chief Medical Information Officer. Message Basket communications are saved directly to the patient’s electronic medical record when pertinent to patient care; therefore, faculty, staff and house staff are expected to include only professional and appropriate factual information in Message Basket communications and to otherwise use Message Baskets consistent with the specific information detailed below.

III. Specific Information:

A. Creation and Management of Message Baskets

1. Intended use of Message Baskets: Message Baskets provide for secure, electronic communication and documentation of patient care and clinical administrative information. Message Basket communication may be between staff/providers within a clinic (intradepartmental messaging); between staff/providers across clinics (interdepartmental messaging); or between staff/providers and the patient (MyHealthatVanderbilt). Message Baskets are functional role-based tools and are not intended for use as personal or private email accounts. Multiple users may have access to a single Message Basket and/or a single user may have access to multiple Message Baskets as necessary based upon the user’s roles and responsibilities.

2. Defining work flow roles for Message Baskets: The Electronic Medical Record (EMR) support specialist assigned to a given clinic or clinical area consults with the clinical manager and medical director, where applicable, to identify and understand the roles and responsibilities and work flow needs in that clinical area prior to creating Message Baskets.
3. **Defining access rights and coverage:** The clinical manager or his/her authorized delegate and medical director, where applicable, are responsible for:
   a. Defining roles and responsibilities for basket coverage including a clear plan for responding to messages, and
   b. Determining how access rights to baskets are defined, assigned and managed.

4. **Creating, modifying, or deleting a Message Basket:** The clinic manager is responsible for notifying the EMR specialist when workflow requires a change in basket structure or a basket needs to be deleted for any reason. Only the EMR specialist or other authorized user is allowed to create, modify or delete a Message Basket. When defining or changing the structure of Message Baskets within a clinical service area, accountability for coverage of messages sent to each basket must be preserved. Baskets are not deleted if the basket:
   a. Contains messages;
   b. Has a link the loss of which would delete other interdepartmental messaging; or
   c. Has a user with current access to the basket or who has designated the basket as his or her default basket.

5. **Naming a Message Basket:** Each Message Basket is named to reflect the functional role of the messages intended for the basket including the name of an individual person when the person’s name best describes the role for the basket.

6. **Coverage for the designated interdepartmental Message Basket:** Messages sent to a provider from another provider or clinic, or from a patient, are triaged and routed to the designated interdepartmental Message Basket for that provider. Staff assigned to cover the Message Basket will process and resolve messages in accordance with their job role and licensure or refer the message for provider handling, as appropriate. Messages that require action by the provider, or a covering provider, are placed in the appropriate basket for the provider, which may be the absent provider’s basket being covered by another provider or the actual basket of the covering provider as defined within the clinical area’s procedures. All resolved messages related to a specific patient are saved to the patient’s medical record with limited specific exceptions as defined below.
B. Message Content

1. **Nature of the content:** Electronic messages may be initiated through a patient’s electronic medical record or may be independent of a specific medical record (NO-MRN Message) if an existing medical record for the patient cannot be found. The content of electronic messages is expected to consist solely of professional statements of fact. Personal opinions, profanity, or derogatory comments about any individual, including staff, patients or family members in Message Basket communications are prohibited. Stand-alone gratuitous remarks or pleasantries add unnecessary clutter to the medical record documentation and should not be included in the professional exchange.

2. **Patient specific clinical messages:** Message Basket communication initiated through a patient’s electronic medical record is limited to information that is specific to that patient. Teaching communications between teaching staff and trainees that is medically relevant to the specific patient’s care may also be included in a Message Basket communication initiated via the patient’s electronic medical record. Electronic communications that are medically relevant to a specific patient’s clinical care are included in the permanent medical record for that patient. All electronic messages from a patient are triaged by clinical staff and forwarded to the attending provider as necessary. Examples of clinical messages include, but are not limited to:

   a. Medication refills or dosages;
   b. Orders;
   c. Treatment other than medications;
   d. Symptoms or diagnosis; and
   e. Test results.

3. **Administrative messages:** Administrative communications may be initiated from within a specific patient’s electronic medical record or as a No MRN message. All administrative messages that are medically relevant to a specific patient are saved to the patient’s medical record. Examples of administrative messages may include, but are not limited to:

   a. Questions about clinic workflow or operations;
   b. Documentation reminders;
   c. Financial questions;
   d. Coding inquiries;
   e. Empty messages used to carry forms; or
   f. Non-patient care related questions from or about patients.
4. **Mixed content messages:** Whenever possible, Message Basket users are expected to avoid mixing clinical and administrative content within one message string so that each type of content may be managed independently and accurately. When a single message or a communication string of messages contains a mix of non-medically relevant administrative message content and patient specific medically relevant content, the entire message is saved to the patient’s medical record. In limited circumstances a message may contain inappropriate language or content that may necessitate reconstruction of the message to save only the pertinent administrative or clinical content.

C. **Responding to Messages**

1. **Basket use etiquette**
   
a. Message Basket users are expected to provide timely review and response to all messages in all baskets for which they have coverage responsibility as assigned by the applicable clinic manager and/or medical director.
   
b. Messages may be placed into another person’s basket for handling or the message may be placed on hold while waiting for information needed in order to respond.
   
c. Message Baskets are audited weekly to identify any message that has not been placed on hold nor had any activity within the past five days. An administrative review process, which may result in re-education and/or corrective action, is used to encourage timely response to messages and promote patient safety.

2. **Prioritization of messages**

   Messages may be associated with different color codes to indicate the time-sensitivity of each message.

   a. The manager and/or medical director for each clinic or service unit defines how color coding of messages will be used within the work flow of that clinical operation, including the response management expectations for each designated color.
   
   b. Caution must be taken when using color-coding to prioritize inter-departmental messages. The type of response and timeliness of response expectations associated with color-coded interdepartmental messages may lose their meaning outside the originating clinic.
c. Do not rely on color-coding to alert providers of an urgent patient care message. Urgent patient care messages should be verbally communicated directly to the provider and subsequently documented.

d. Red is only to be used for the most time sensitive messages.

e. Other colors are available for each clinic to use in assigning priorities for workflow steps or time-sensitivity.

3. Patient messages received through MyHealthatVanderbilt

Electronic messaging with patients over email or the internet is not secure and such communications are expected to be directed through the patient portal. The MyHealthatVanderbilt patient portal provides a secure means of electronic communication between patients and providers except providers of episodic care with no role in continuity of care.

a. All patient messages are triaged by the doctor’s office staff and forwarded to the appropriate designated basket as necessary.

b. Patient messages are managed by the same rules defined above based upon whether the message has patient specific clinical or administrative content.

c. VUMC staff/faculty are expected to use MyHealthatVanderbilt and not StarPanel Message Baskets to send electronic messages associated with their personal medical care or the care of their minor children to a clinic or provider’s office.

d. Patient messages are expected to be replied to within 1-2 business days.

e. Messages sent electronically to a patient or a patient’s representative that are not opened within the defined number of days selected in StarPanel are re-routed for follow up to the interdepartmental Message Basket or default basket as defined by sender preference or pre-defined in an electronic algorithm. Staff is expected to call or postal mail the message content to the patient based upon the time sensitivity of the content.

4. Out of Office Notification

a. Message Baskets that are not linked to the directory of MHAV may use the “out of office” notification, as appropriate.
b. The “out of office” message includes information to tell the sender how to route time-sensitive messages during the provider’s absence.

c. The user or their designee selects a date when the “out of office” message will be automatically turned off.

5. Email Alert

a. Any user of any Message Basket is able to set a personal preference to receive an email alert when a message is sent to the basket.

b. The personal preference may be set to send the alert for all messages sent to the basket or to alert based upon the color-coded priority of the message.

c. When a user is no longer associated with the work flow for a Message Basket, the user must turn off the preference for an email alert about new messages to that basket.

D. Message Disposition

1. When a message string is complete, all clinical messages and any administrative message that contains medically relevant information related to a specific patient are saved to that patient’s electronic medical record.

2. Messages that are being processed and are not yet complete may be placed on hold for subsequent follow up.

3. Messages that are not related to a patient’s care or management may be deleted when resolved and no longer needed.

4. Patient generated messages that contain clinical communication or other patient specific pertinent information are saved to that patient’s electronic medical record. Patient messages that are not related to a patient’s care, management, or treatment may be deleted after they are processed.

5. Messages are deleted only after documenting that the content is:

a. Not directly related to a patient’s care, management, or treatment;

b. duplication of information already received in another entry;

c. associated with another patient’s medical record;

d. a teaching conversation between providers; or

e. A test/training message.
IV. **Endorsement:**

Medical Records Executive Committee – June 2009  
Medical Records Committee – September 2009  
Operations Policy Committee – September 2009  
Medical Center Medical Board – October 2009

V. **Approval:**

Kevin Churchwell, MD, Executive Director & CEO, VCH  10/20/09

Larry Goldberg, Executive Director & CEO, VUH  10/16/09

C. Wright Pinson, MBA, MD  
Deputy Vice Chancellor for Health Affairs  
CEO of the Hospitals and Clinics for VUMC  10/16/09

David Posch, CEO, The Vanderbilt Clinic  10/19/09