MICHIGAN INTEGRATED TECHNOLOGY PLATFORM

LONGITUDINAL RECORD VIEWER REFERENCE GUIDE



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Longitudinal Record (LR) Viewer

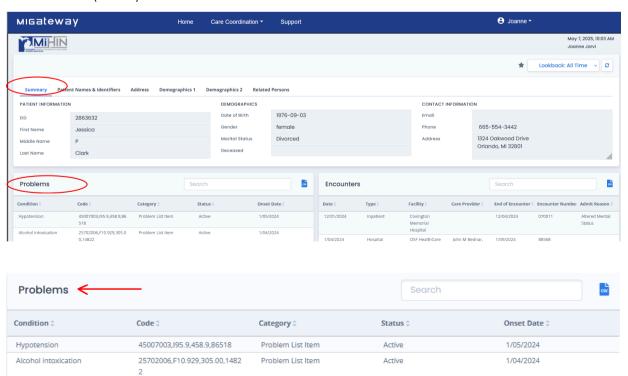
The Longitudinal Record (LR) Viewer is a comprehensive patient record that consolidates data from multiple sources across the healthcare continuum. It provides a unified view of each patient by applying advanced patient matching logic, all within a consent management framework.

After Selecting the "Longitudinal Patient Record" from the Patient Viewer screen you will be presented with the Patient Summary Screen where you will see a menu which can direct you to different sections of the LR Viewer to find information about the patient.



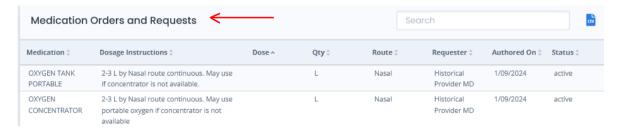
Problems

Problems is the first section in the **left column** of the Summary page. Here you will find any medical related problems that a patient has had over the specified period; Conditions and condition code. This section is populated based on the Admission, Discharge, and Transfer (ADT) conditions data and also includes and problems mentioned in Clinical Care Documents (CCDs).



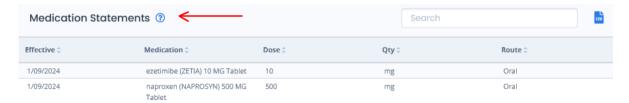
Medication Orders and Requests

Medication Orders and Requests is the second section in the left column of the Summary page. An order or request for both supply of the medication and the instructions for administration of the medication to a patient can be found here.



Medication Statements

Medication Statements is the third section in the left column of the Summary page. Data in this section is populated from the reference of medications in the clinical document (CCD).



Procedures/Devices

Procedures/Devices is the fourth section in the left column of the Summary page. Information in this section comes directly from an Observation Result (OUR) or a Medical Document (MDM). It may also come from a CCD.



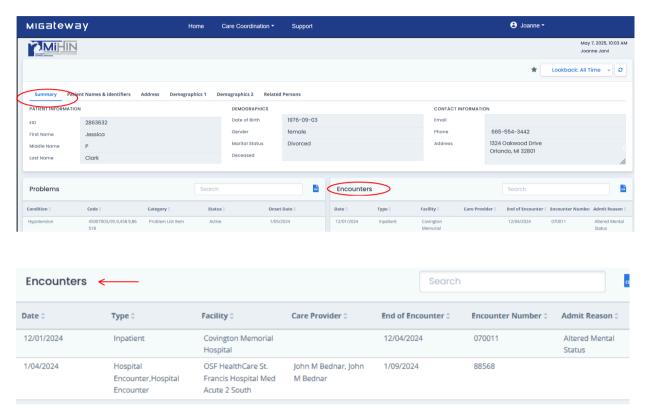
Immunizations

Immunizations is the fifth and final section in the left column of the Summary page. Information in this section comes directly from a CCD.



Encounters

Encounters is the first section in the **right column** of the Summary page. This section lists details regarding all interactions the patient has had with various care providers and the nature of those interactions. Encounters represent any visit information sent through admission or discharge data



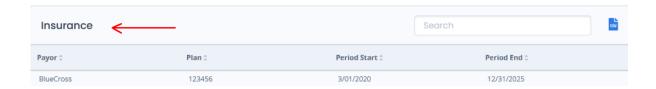
Allergies

Allergies is the second section in the right column of the Summary page. Allergies are populated based on the admission, discharge, and transfer (ADT) data. This also includes and allergies referenced in a CCD.



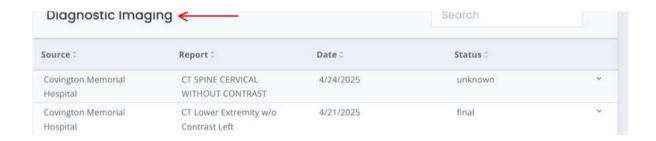
Insurance

Insurance is the third section in the right column of the Summary page. Insurance information comes from a segment contained in the ADT.



Diagnostic Imaging

Diagnostic Imaging is the fourth section in the right column of the Summary page. This section is the observation or result transcribed into a report, and typically comes from a Radiology ORU, may also come from a CCD.



Other Results

Other Results is the fifth section in the right column of the Summary page. This section represents results that do not fall into diagnostic imaging or labs. The data comes from an ORU.



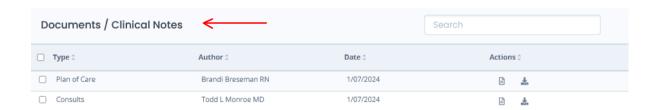
Lab/Observation Results

Lab/Observation Results is the sixth section in the right column of the Summary page. Here you can find the observation or result transcribed into a report, and typically comes from a Lab ORU, but may also come from a CCD.



Documents/Clinical Notes

Documents/Clinical Notes is the seventh section in the right column of the Summary page. This section includes discharge summaries, ED notes, and other transcribed notes typically from a CCD.



Vital Signs

Vital Signs is the eight and final section in the right column of the Summary page. Vital signs come from orders and results, medical documents, or CCDs.

