# Examples of common inbasket folders

*The following tables list examples of how one practice chose to redistribute their inbasket workload by categorizing messages into certain folders. They explained to their team members why messages were in the specific inbasket folder, gave general guidance on how to respond to the message and instructed them on how to complete the message to remove it from the inbasket. There is a table for physician tasks, clinical team member tasks, and tasks that should be managed by both physicians and team members. This particular practice uses EPIC,\* so the terminology and approach are based on that electronic health record (EHR) system. The terminology your organization and EHR system use may differ. We advise that you review this tool carefully and adapt to fit your practice’s policies and procedures.*

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| **Physicians and clinical team members** | | | |
| **Type of message** | **Why am I getting this in my inbasket?** | **What do I do with the message?** | **How do I get the message out of my inbasket?** |
| **Result notes** | These are results that were initially sent to a physician. S/He is forwarding them to your with a message. | Review the information, complete any required actions, and add any additional documentation if needed. | **Mark the message as completed** once you’ve either closed the encounter (if no further action is needed) or routed to the appropriate party. When the inbasket is refreshed, that message will disappear from your result notes folder. |
| **Patient calls** | These are telephone messages from patients that you need to respond to. | Call the patient to follow up. Document in the telephone call visit navigator if you have one. **If there is no additional action the physician needs to take, *you must close the encounter*.** **If you need physician input on the call, do not close the encounter**, ***but complete your documentation and route the message to the physician.*** If someone has gone into a patient call and added information, such as updating the call back number, it will duplicate on your patient call list. This is your cue that there is updated information. | **Mark the message as completed** once you’ve either closed the encounter (if no further action is needed) or routed to the appropriate party. Leaving the message open may create confusion. |
| **Staff messages** | These are messages sent by other staff members. If you are already using telephone encounters to document all patient-related calls, then a staff message is FYI. All messages sent using the inbasket should be patient-related, including staff messages. | Read the message and reply if required. Convert to the appropriate format if you think it should be part of the patient’s chart. | **Mark the message as completed** after you’ve finished reading it or replied. When the inbasket is refreshed, that message will disappear from your staff messages folder. |
| **Physicians and clinical team members continued** | | | |
| **Type of message** | **Why am I getting this in my inbasket?** | **What do I do with the message?** | **How do I get the message out of my inbasket?** |
| **Refill authorizations** | Someone has started a refill encounter and routed it to the physician or appropriate team member. | Follow your practice-specific protocols for medication refills. | Complete refills per protocol and close the encounter. **Mark the message done** or route to the physician and **then mark as done**. |
| **Overdue encounters** | Encounters left open more than 72 hours | Open the report to quickly see what needs to be completed to close the encounter. Click the hyperlink to be taken directly to the section that needs to be completed. | Close the encounter. |
| **Open encounters** | This is an encounter you created that has not been closed yet. You may need to finish documentation; forgot to route or just forgot to close the encounter. It may be in someone else’s inbasket waiting to be completed. | Double click to open the encounter, complete any required actions, and add any additional documentation if needed. Close the encounter. | The message will auto retract once the inbasket refreshes. |

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| **Physicians only** | | | | |
| **Type of message** | **Why am I getting this in my inbasket?** | **What do I do with the message?** | **How do I get the message out of my inbasket?** |
| **CC’d charts** | Another physician or nurse sent you a copy of a visit encounter to review. Extended care team members, such as case managers, will send communications to this folder. *Do not disregard this folder.* | Review the encounter. | You can mark it done or go to the Length of Stay (LOS) and Follow Up section (or whatever similar section you have in your EHR) to respond. A note to the sender can be typed in that section. |
| **Co-sign notes** | RN or extended care team member has seen a patient and charged 99211. The note needs to be co-signed by a physician who was in the office at the time of the charged visit. | Click co-sign note. If you use SmartPhrases, consider adding “ATTEST” or something similar. | The message will be marked “done” after the note has been co-signed. |

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| **Clinical team members only** | | | |
| **Type of message** | **Why am I getting this in my inbasket?** | **What do I do with the message?** | **How do I get the message out of my inbasket?** |
| **Refill responses** | This is the response from a physician for a refill request that you sent to them. | Call the patient back to inform them that their refill was either approved or not approved. Document and close the encounter. | **Mark the message complete.** |
| **E-prescribing errors** | These are prescriptions that were signed by a physician but for some reason didn't make it through the interface to the pharmacy. | Since there is a computer interface problem; simply call the prescription into the pharmacy. | **Mark the message complete.** |
| **Refill errors** | These are errors that have occurred on refill requests sent from the pharmacy to us.  There are three common types of refill errors:   1. Duplicate patient found 2. Medication not found 3. Other | 1. **Duplicate patient found** – The incoming message didn’t know which patient the refill is associated with. Staff will have to link message to the correct patient. 2. **Medication not found** - The National Drug Code (NDC) number associated with the medication sent from the pharmacy is outdated. 3. **Other** –The patient recently refilled the medication or the pharmacy already sent a refill request. | 1. **Duplicate patient found** –Once the refill error message is linked to the correct patient, it will be re-categorized as a refill authorization message. 2. **Medication not found:** Refuse the medication, review the patient’s chart and, if applicable, manually create the refill encounter based on the requested medication listed in the inbasket message. 3. **Other:** Refuse the medication, check the patient’s chart, and manually create a refill encounter if a refill is required. |
| **Patient medical advice requests** | This is a patient medical request originating from the patient portal. | Respond through the secure message portal or by telephone. | Mark the message complete. The message should disappear from the folder when the system refreshes. |
| **Patient refill requests** | This is a patient asking for a medication refill through the patient portal. | Convert to refill request by clicking on “renewal.” Proceed with refill. Can send message back to patient using the patient portal when the refill is complete. | Mark the message complete. The message should disappear from the folder when the system refreshes. |

Example provided courtesy of Bellin Health.

Source: AMA. *Practice transformation series: Inbasket management*. 2017.