

Feb/May 2019 Upgrade

Hospice changes with the Upgrade

Problems on the Plan of care will appear in the following order. Nursing, social worker, aide, chaplain and volunteer coordinator.

Defic, Berry	101 y.o. (3/4/1918) Male Episode MRN: 85012799 Defic.Berry (Admitted)					
New Plan of Care		initial operations beind, being (vid				
Then the order						
	Start Date	End Date	Receiving Provider			
Plan of Care 1 - Update A						
Plan of Care 1	3/4/2019		Chetan N Amin, DO			
C Refresh 🖶 Print Start Date: 🔒 📋						
Problems						
Skilled Nursing						
NH HH Alteration in Comfort r/t Nausea Starting 4/17/2019 NH HH ALTERATION IN COMFORT R/T NAUS Goal: Patient / caregiver will verbalize unders Starting 4/17/2019	EA tanding of comfort measu	es to manage nausea by ***.				
Goal: Patient vill verbalize or demonstrate ad Starting 4/17/2019 Patient will verbalize or demonstrate ade	lequate relief from nausea by 4	by *** -20-19				
Problem Interventions Intervention: NH HH Administer anti-e Each Visit starting 4/17/2019 Educate to administer anti-emetic Intervention: NH HH Effectiveness of a Each Visit starting 4/17/2019 Assess effectiveness of anti-emeti Intervention: NH HH Factors to manag Each Visit starting 4/17/2019	metic 30 minutes prior to other me anti-emetic c. e nausea	ds, and PO food/fluid intake.				



MANY OLD FORMS HAVE BEEN REPLACED WITH NEW SMART FORMS FOR EASIER USE. USE THE WRENCH TO ADD/REMOVE FORMS AS NEEDED.

(YOU WILL NOT AUTOMATICALLY HAVE THESE SMART FORMS – MUST USE

Add/Remove Forms

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New-Endocrine and Diabetes have been combined into one SmartForm:

McBtesting, Randy	rine/Diabetes	69 y.o. (2/21/1950) Male E MRN: 85012402 M	pisode AcBtesting,Randy 3-7-18 (Admitted)		Election Date 3/7/2019	Primary Diagnosis Cancer (*) [C80.1 (ICD-10-CM)]	Nhhh, Registered Nurse, RN	Restore
Add/Remove Forms	Endocrine WDL - within defined limits	-						
Vitals & Vitals Pain Assessment CNPI Proxy Pain	Symptoms present	 increased thirst weight gain facial swelling 	increased urination	increased hunger diabetic neuropathy skin changes	 visual change diaphoresis exophthalmos 	☐ fatigue ☐ edema ☐ altered temperature regulati	weight loss hair changes	
Comprehensive A sessment & HSPC Living Arrangements Intellectual/Comminication HSPC Financial HSPC Spiritual	Subjective data	diabetes	t therapy hyperglycemia	apy Cold intolerance	excessive bleeding	excessive bruising	heat intolerance	
HSPC Psychosoci I - Patient HSPC Psychosoci I - Caregiver	Туре	gestational ste	roid-associated type 1	type 2				
HSPC ESAS-R Palliative Performance Scale HSPC Neurologica	Current management approach	Carbohydrate countin	g 🗌 diabetic diet	insulin man	naged with diet oral hype	oglycemic agent		
HSPC Respiratory HSPC Cardiovascular	Foot screening	🗋 🗌 nail or skin changes p	resent patient unable to vis	ualize feet 🗌 patient is seen by podia	atrist			
HSPC Gastrointes nal HSPC Genitourina y	Blood Sugar Testing							
HSPC Integumentary HSPC Braden Scale	Results From Last 3 Day	aπer meals	AM fastingbefore mea	IS not monitoringPM				
Nutrition	Highest	s (mg/ a)		=	Data			
ADL'S Activities of Daily living	righest				Date			
Care Plan 🔗	Lowest	D		H	Date			Ċ
Interventions	AM fasting				Date	D		Ö
Actions/Narrative	HbA1C				J			
Hospice Item Set Section A: Admini trative Information Section F: Prefere ces	Glycosylated hemoglobin result (HbA1c) (mg/dL)	D]			
Section I: Active D agnoses Section J: Health Condition	Latest test date	D		ä]			
(Parti) Section J: Health Conditions (Dyspnea) Section N: Medications	Target HbA1c]			
Diabetes &	Activity							
Endocrine/Diabetes	Activity frequency	more than once daily	daily	weekly	less than weekly			/
Supervisorv Visit 🛛 😞								

New Smart Form for Mobility:

Defic, Berry SN - Hospice Visit (5/27/2019) - Bed Me	101 y.o. (3/4/1918) Male Esnose MRN: 85012799 Defic,Berry (Admitted) obility	Election Date 3/4/2019	Primary Diagnosis Liver cancer (*) [C22.9 (ICD-10-CM)] Nhhh, Registered Nurse, RN Restore
Add/Remove Forms Vitals Pain Assessment CNPI Proxy Pain	WDL - within defined limits Activities Assessed isit to supine supine to sit roll to left roll to right		
Comprehensive Assessment HSPC Living Arrangements Intellectual/Communication HSPC Financial HSPC Spiritual HSPC Psychosocial - Patient HSPC Psychosocial - Caregiver HSPC Psychosocial - Caregiver HSPC Psychosocial - Caregiver HSPC Psychosocial - Caregiver HSPC Respiratory HSPC Respiratory	Comments ②		



New GI Smart Form with clear choices:

Defic, Berry SN - Hospice Visit (5/27/2019) - Gastr	ointestinal	101 y.o. (3 M	/4/1918) Male E RN: 85012799 D	isode efic,Berry (Adi	mitted)				Election Date 3/4/2019	Primary D Liver ca	iagnosis ncer (*) [C22.9 (IC
& Add/Remove Forms	WDL - within defined	d limits									
Proxy Pain	Issues										
HSPC Living Arrangements Intellectual/Communication HSPC Financial HSPC Spiritual	abdominal p indigestion	bain ascit	es ea	blood in	n stool leeding	cramps	ess	flatus ulcer	gallbladder problem	hemorrhoids 🗌	hepati
HSPC Psychosocial - Patient HSPC Psychosocial - Caregiver HSPC ESAS-R	Bowel Pattern Pattern	🗋 🗌 normal	diarrhea	constipatio	on 🗌 inco	ntinence 🗌 o	ostomy				
Palliative Performance Scale HSPC Neurological HSPC Respiratory	Last BM		(internet)								
HSPC Cardiovascular HSPC Gastrointestinal	Usual frequency	🗋 less than d	laily daily tw	ice daily mo	re than twic	e daily					
HSPC Genitourinary Muscoloskeletal	GI Treatments										
HSPC Integumentary HSPC Braden Scale Nutrition	🗋 🗌 antacids 🛛	antidiarrheals	antiemetics	laxatives	stool so	fteners					
ADL'S	Bowel Sounds										
Activities of Daily Living	RUQ	🗋 normal	absent	hyperactive	hypoactiv	2					
Care Plan	RLQ	D normal	absent	hyperactive	hypoactiv	2					
Notes Actions/Narrative	LUQ	🗅 normal	absent	hyperactive	hypoactiv	2					
Hospice Item Set Section A: Administrative	LLQ	normal	absent	hyperactive	hypoactiv	2					
Information Section F: Preferences	Abdomen										
Section I: Active Diagnoses Section J: Health Condition	RUQ	🗋 🗌 soft	🗌 rigid	🗌 ter	nder	non-tender	distension				
(Pain) Section J: Health Conditions (Dyspnea)	RLQ	🗋 🗌 soft	🗌 rigid	🗌 ter	nder	non-tender	distension				
Catheter - Urinary	LUQ	🗋 🗌 soft	🗌 rigid	🗌 ter	nder	non-tender	distension				
Urinary Catheter	LLQ	🗋 🗌 soft	🗌 rigid	ter	nder	non-tender	distension				
Gastrointestinal	Abdominal Girth										
Mobility &		No.	(in inches)								
Gait Assessment	Comments										

New Catheter Smart Form

Defic, Berry SN - Hospice Visit (5/27/2019) - Urinat	101 y.o. (3/4/1918) Male Escole Dector Date Primary Diagnois MRN: 85012799 Defic/Berry (Admitted) 3/4/2019 Liver cancer (*) [C22.9 (C v Catheter V V V
Add/Remove Forms HSPC Financial HSPC Spiritual HSPC Psychosocial - Patient HSPC Eschosocial - Caregiver HSPC Eschart RSPC Resolution - Caregiver HSPC Neurological HSPC Neurological	Procedures Performed Catheter care change insertion removal irrigation Performed by Connician patient caregiver Reason for Catheter
HSPC Cardiovascular HSPC Gastrointestinal HSPC Gentourinary Muscoloskeletal HSPC Integumentary	europenic bladderurinary retentionbedboundbladder incontinenceskin integritycomfortpatient request Patient Response to Insertion
HSPC Braden Scale Nutrition	In complications Determing Complicated insertion disconfort pain spasms
ADL'S Activities of Daily Living Care Plan Interventions	Catheter Details Plucement date Change due date Change due date Insertion site Suprapuble urettral ureteral ureteral ureteral
Notes Actions/Narrative	
Hospice Item Set Section A: Administrative Informatics Section F: Preferences Section J: Active Diagnoses Section J: Health Condition (Pan) Oyspense Supervisit Health Conditions Supervisit Health Conditions	Catheter material Catheter material I latex red rubber salastic allicone Teflon Catheter duration Indwelling intermittent Size (Fr) Balloon inflation amount (mL) I I Collection bag I standard leg bely Bag lat changed I III
Catheter - Urinary A Urinary Catheter - A Contact - Account of the Contact - Account of the Cont	Catheter Condition ☐ draining _ Intact _ patent Condition of Skin at Insertion Site ☐ deaniettact _ bleedingedematous _ pink _ painful _ redunable to assess Comments $\beta \gg \beta = 0 \Rightarrow 4 = 5 = 5$



New Shoulder and ROM Strength Smart Form:

Defic, Berry			101 y.o. (3/4/19 MRN: 8	5012799 Defic,Berry (Adm	nitted)	Election Date 3/4/2019	Enmary Diagnosis Liver cancer (*) [C22.9 (ICD-10-CM)]
SN - Hospice Visit (5/27/2019)) - Should	er ROM & Strength					Nhhh, Registered Nurse, RN Rest
HAdd/Remove Forms		Right Shoulder ROM	& Strength				
HSPC Neurological HSPC Respiratory	~	_	Degrees	Active	Passive	Strength (out of 5)	
HSPC Cardiovascular HSPC Gastrointestinal		Flexion	(0-180)	D		0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
A HSPC Genitourinary		Extension	(0-60)	۵[
HSPC Integumentary		Abduction	(0-180)	D[
Nutrition		Adduction	(0-45)	D_		0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
ADL's	*	IR at 0°	(0-70)	D[
Care Plan	*	IR at 90°	(0-70)	D[0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
Interventions		ER at 0°	(0-90)	D	D	0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
Notes Actions/Narrative	*	ER at 90°	(0-90)	D	D	0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
Section I: Active Diagnoses Section J: Health Condition (Pain) Section J: Health Conditions (Dyspnea) Section N: Medications	\prec						
Catheter - Urinary Urinary Catheter	*	Left Shoulder ROM 8	l Strength				
Dialysis	*		Degrees	Active	Passive	Strength (out of 5)	
Genitoruinary Assessment II GI Extended	*	Flexion	(0-180)			0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
Gastrointestinal		Extension	(0-60)				
Mobility Bed Mobility	*	Abduction	(0-180)	D[
Gait Assessment		Adduction	(0-45)	D.	E		
PT ROM Shoulder ROM & Strength	*	IR at 0°	(0-70)	Ď[E D		
Elbow ROM & Strength Wrist ROM & Strength		IR at 90°	(0-70)	D		0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
Hip ROM & Strength Knee ROM & Strength		ER at 0°	(0-90)	0		0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
Ankle ROM & Strength		ER at 90°	(0-90)	D	E D	0 1 2- 2 2+ 3- 3 3+ 4- 4 4+ 5	
i de rioni a Suengui		\sim					

New Musculoskeletal Smart Form

	Defic, Berry SN - Hospice Visit (5/27/2019) - Mu	sculoskeletal	101 y.o. (3/4/1918) Male Episod MRN: 85012799 Defic	e Berry (Admitted)			Election Date 3/4/2019	Primary Diagnosis Liver cancer (*) (C22.9 (ICD+10-C	Nhhh, Registered Nurse, RN	Restore
	Add/Remove Forms HSPC Neurological HSPC Respiratory	WDL - vithin defined limits								
	HSPC Cardiovascular HSPC Gastrointestinal	amputations	arthralgias	atrophy	contusion	deformity	history of falls	limited range of motion	muscle weakness	
	A HSPC Genitourinary	prosthesis	sprain/strain	tone	tremors					
	HSPC Integumentary HSPC Braden Scale	Assistive Equipment								
	Nutrition	🗋 🗌 bathing 🔤 dre	essing 🗌 feeding 🗌 gai	t grooming	transfer					
	ADL'S Activities of Daily Living	Ambulation Assist								
	Care Plan &	non-ambulatory	stand by assist one per	son 🗌 two persor						
	Notes 🔗	Transfer Assist								
	Actions/Narrative Hospice Item Set	stand by assist	one person two perso	n						
	Section A: Administrative Information Section F: Preferences	Comments								
	Section I: Active Diagnoses		₽ 10							
	(Pain) Section J: Health Conditions (Dyspnea) Section N: Medications									
10	Amputations Musculoskeletal									



New Smart Form for Nutrition

Defic, Berry SN - Hospice Visit (5/27/2019) - N	101 y.o. (3/4/1918) Male Episode MRN: 85012799 Defic,Berry (Admitted)	Election Date 3/4/2019	Primary Diagnosis Liver cancer (*) [C22.9 (ICD-10-CM)]	Nhh, Registered Nurse, RN
Add/Remove Forms Muscoloskeletal HSPC Integumentary HSPC Braden Scale Nutrition	Appetite good fair poor Change in Appetite			
ADL's Activities of Daily Living	C unchanged increased decreased varying absent			
Care Plan Interventions	A Meals per day D Snacks per day D Bites per day	D[Sips per day	
Notes Actions/Narrative Hospice Item Set Section A: Administrative Information Section F: Preferences Section J: Health Conditions (Pain) Section J: Health Conditions (Dyspnea) Section N: Medications	Register A state Diet Type Image: Provide a state Image: Provide a state Image: Provide a state	eets renal	□ NPO □ carbohydrate controlled □ puree	TPN Iow fat thickened liquid
Amputations Musculoskeletal Catheter - Urinary Urinary Catheter				
Dialysis Genitoruinary Assessment II GI Extended Gastrointestinal Mobility Bed Mobility	 Gral Problems In o oral problems dry mouth thrush ill-fitting dentures canker sores bleeding gums canker sores tooth decay Dentures]mucositis 🗌 ora	Il lesions Sore throat	thick saliva
PT ROM Shoulder ROM & Strength Elbow ROM & Strength Wrist ROM & Strength Hip ROM & Strength Kong ROM & Strength	Has upper upper upper partials Needs upper lower upper partials Nutritional Concerns upper upper			
Ankle ROM & Strength Toe ROM & Strength Supervisory Visit Supervisory Visit Nutrition Assessment II	Comments 资 今 ∫ ⑦ + 匠 会 电 最 同	rallowing early sa	tiety 🗌 eats alone	

Smart Form for Tinetti Balance and Gait Score

Defic, Berry	iul y.o. (3/4/1918) Male sproze set	V2013 Liver concer () (ezz.s (ico to cinj)
5N - Hospice Visit (5/2//2019) -	Tinetti Balane and Gait Score	Nhhh, Registered Nurse, RN
Add/Remove Forms	finetti Balance	Show Instructions
ADL's Activities of Daily Living	1. Sitting Balance	
Care Plan Interventions	0 - leans or slides in chair 1 - steady, safe	
Notes	2. Arises	
Actions/Narrative	0 - unable without help 1 - able, uses arms to help 2 - able without using arms	
Hospice Item Set	3. Attempts to Arise	
Information Section F: Preferences	0 - unable without help 1 - able requires more than one attempt 2 - able to rise one attempt	
Section I: Active Diagnoses Section J: Health Condition	4. Immediate Standing Balance (first 5 seconds)	
(Pain) Section J: Health Conditions (Dyspnea)	0 - unsteady (staggers, moves feet, trunk sway) 1 - steady but uses walker or other support 2 - steady without walker or other support	
Amputations		
Musculoskeletal	0 - unsteady 1 - steady but wide stance and uses cane or other support 2 - narrow stance without su	pport
Urinary Catheter	6. Nudged (subject at maximum position with feet as close together as possible, examiner pushes lightly on subject's sternum with palm of han	d 3 times)
Dialysis Genitoruinary Assessment II	0 - begins to fall 1 - staggers, grabs, catches self 2 - steady	
GI Extended Gastrointestinal	 7. Eyes Closed (subject in same position as in 6) 	
Mobility		
Bed Mobility Gait Assessment	8. Turning 360 Degrees	
PTROM	Select one	
Shoulder ROM & Strength	0 - discontinuous steps 1 - continuous steps	
Wrist ROM & Strength	Select one	
Hip ROM & Strength Knee ROM & Strength	0 - unsteady (grabs, staggers) 1 - steady	
Ankle ROM & Strength Toe ROM & Strength	9. Sitting Down	
Supervisory Visit	0 - unsafe (misjudges distance, falls into chair) 1 - uses arms or not smooth motion 2 - safe, smooth motion	
Supervisory Visit	Tinetti Gait	Show Instructions
Tinetti Balance and Gait Score	10. Initiation of Gait (immediately after told to "go")	



New – Smart Forms for MSWs

Elderly, Bunny ISW - Hospice Visit (5/27/2019) -	Behaviors/Emotions	102 y.o. (4/3/1917) Male MRN: 85009259	Episode Elderly,Bunny 4-3-17 (Admit	ted)		Election Date 4/24/2017	Pr Li	rimary Diagnosis iver cancer (*) [C22.9 (ICD-	10-CM)) Nhhh, Medical Soc	ial Worker, MSW Resor
Add/Remove Forms	Behaviors/Emotions	appropriate inappro	nrista							
Admin Actions/Narrative Alerts	Mood/affect	agitated	angry an	xious 🗌 apathetic	depressed	I flat affect	frustrated	helpless	sad	suicidal ideation
Home Safety Home Safety Safety Concerns	Behaviors	 appropriate for situ tearful 	ation defensive uncooperative	distracted	earful	🗌 in	npulsive	procrastination	🗌 social	isolation
ISW Assessment Behaviors/Emotions Counseling Needs	History of non-adherence to medical regime	e 🗋 yes no								
Intellectual/Communication Orientation/Mental	In denial regarding									
Support Systems Family Relationships	Stress related to									
HSPC Living Arrangements Intellectual/Communication	Comments ⊕ ♥ ? + = ← ⇒	1								

Elderly Bunny	102 y.o. (4/3/1917) Male Episode	Election Date	Primary Diagnosis
MSW - Hospice Visit (5/27/201	19) - Counseling Needs	4/24/2017	Liver cancer (*) [C22.9 (ICD-10 CM)] Nhhh, Medical Social Worker, MSW
Add/Remove Forms			
Time/Notes	Caregiver issues		
Admin	Communication facilitation needed to decrease stress conflict between caregiver and pacetorial conflict between	atient conflict resolution needed	difficulty coping with loss of significant other
Actions/Narrative Alerts	difficulty coping with patient's disabilities	e	
Home Safety			
Home Safety	Communication facilitation needed to decrease stress Crisis intervention needed	depression/anxiety affecting progress	difficulty coping with disabilities
Safety Concerns	difficulty coping with loss of significant other	ognosis 🗌 family conference facilitation needed	impaired adjustment to disability
MSW Assessment	inadequate coping skills impeding recovery		
Counseling Needs			
Intellectual/Communication			
Orientation/Mental			
Support Systems			
Elderly Bunny	102 y.o. (4/3/1917) Male Episode	Election Date Primary Diagnosis	
MSW - Hospice Visit (5/27/2019) - Ori	MRN: 85009259 Elderly,8unny 4-3-17 (Admitted) ientation/Mental	4/24/2017 Liver cancer (*) [C22.9 (ICC-10- Nh	CM)] hh, Medical Social Worker, MSW Restore
& Add/Remove Forms	Orientation		
Time/Notes	Degree Deglasted dispirated	Norse Discipated discriminated	
Admin Actions/Narrative		Hade Givented Gisonented	
Alerts	Time i oriented disoriented	Situation 🗋 oriented disoriented	
Home Safety	Disorientation 🗅 none slightly disoriented limited ability to track	conversation disoriented	
Safety Concerns	Confusion Dispane intermittently confused limited focus and reasoning confus	are all the time	
MSW Assessment 🛛 😞	Contosion Intermittentity contosed Inimited locus and reasoning Contos	seu an the time	
Behaviors/Emotions	Mental		
Counseling Needs	Wenter		
Counseling Needs Intellectual/Communication	Memory loss D none immediate short term long term		
Counseling Needs Intellectual/Communication Orientation/Mental Support Systems	Memory loss Dinone immediate short term inong term Mental status Dinonetaria Industriations		
Counseing Needs Intellectual/Communication Orientation Mental Support Systems Family Relationships	Memory loss In one Immediate short term long term Mental status Immediate short term long term Mental status Immediate dementia hallucinations]judgment impaired	
Counseling Needs Intellectual/Communication Orientation Mental Support Systems Family Relationships Comprehensive Assessment HSPC Living Arrangements	Memory loss Image: Im	judgment impaired	
Counseling Needs Intellectual/Communication Orientation-Mental Support Systems Family Relationships Comprehensive Assessment HSPC Living Arrangements Intellectual/Communication	Memory loss □	_]judgment impaired	
Counseling Needs Intellectual: Communication Support Systems Family Relationships Comprehensive Assessment HSPC Living Arrangements Intellectual/Communication HSPC: Financial HSPC: Financial	Memory loss □ none □immediate □ short term □ long term Memory loss □ □ agitation □ comatose □ dementia □ hallucinations Comments ⊕ ⊕ ③ ● ● ●	judgment impaired	
Consising Needs Intellectual communication Orsenation Mental Support Systems Family Relationships Comprehensive Assessment MISPC Lining Arrangements Intellectual Communication HISPC Financial HISPC Southout	Memory loss □ none immediate short term long term Mental status □ □ agitation □ comatose □ dementia □ hallucinations Comments □ □ □ □ □ □ ○ ③ ● ● ●	_judgment impaired	
Conseling Needs Intellectual: Communication Orientation Nental Support Systems Family Relationships Comprehensive Assessment & HSPC: Living Arrangements Intellectual:Communication HSPC: Financial HSPC: Senthal	Memory loss □ none immediate short term long term Memory loss □ agitation □ comatose dementia hallucinations Comments > % 2 + € + + • # 2* % 2 + € + • • • 12 y.o. (4/2/1917) Male taxes 12 desited 12 desited	judgment impaired	
Consisting Needs Intellectual: Communication Orientation-Nental Support Systems Family Relationships Comprehensive Assessment HSPC: Living Arrangements Intellectual: Communication HSPC: Financial HSPC: Startinal Elderly, Bunny MSW - Hospice Visit (52/12019) - Sc	Memory loss ☐innone	Judgment impaired Biction Date Presy Degroots 4/24/2017 Liver cancer (*) (22.9 ((10.107 CM)) Ninha, M	ndical Social Worker, MSID Restore
Consisting Needs Intellectual communication Orientation Needal Support Systems Family Relationships Comprehensive Assessment HISPC: Financial HISPC: Financial HISPC: Financial HISPC: Statitual MSW: Hospice Vitit (527/2015) - Stati Add/Remove Forms	Memory loss □ none □mmediate □short term □ong term Memory loss □ agitation □ comatose □ dementia □ halfucinations Comments ⇒ ⇒ ➡ = □ 102 y.o. (4/2/1917) Male tracol	judgment impaired Bector Data Bector Data Preny Dagnoli Liver cancer (*) (22.9 gcs - use 20) Hohn, M	rdical Social Worker, MSKy Restore
Consisting Needs Intellectual Communication Creatation Niental Support Systems Family Relationships Comprehensive Assessment HISPC Living Arrangements Intellectual Communication HISPC Financial HISPC Financial HISPC Financial HISPC Stuttual	Memory loss □ none immediate short term long term Mental status □ agitation □ comatose dementia hallucinations Comments □ ⇒ ▷ ○ □ ⇒ ▷ ○ □	Diston Date Primary Dagnoss 4/24/2017 Liver cancer (*) (222 grownor CM) Nhhh, M	ndical Social Worker, MSR) Restore
Consing Needs Intellectual Communication Creteration Nental Support Systems Family Relationships Comprehensive Assessment INSPC Financial INSPC Financial INSPC Southead NSW- Hospice Visit (SX/IZ019) - Su ▲Add,Remove Forms Time Hotos ▲Adm Actions.Narrative	Memory loss □ none immediate short term long term Memory loss □ agitation □ comatose dementia hallucinations Comments □ * * * * * * * * * • * * * 102 y.o. (4/3/1917) Male toxoce MRN:e 85009259 Elderly,Burry 4-3-17 (Admitted) Upport Systems Lese With • alone spouse or partner other family member friend	judgment impaired Bector Des Array Depres Uver cancer (*) [C22 9 gram vorC40] NHhh. M	rdical Social Worker, MSV) Restore
Consisting Needs Intellectual Communication Orientation Mental Support Systems Family Relationships Comprehensive Assessment HSPC: Living Arrangements Intellectual Communication HSPC: Financial HSPC: Sentimal Elderly, Bunny MSW - Hospice Visit (SS/27019) - S.S #Add/Remove Forms TimeNeeds Amins Address Relative Amins	Memory loss □ none □mmediate □short term □ong term Memory loss □ agitation □ comatose □ dementia □ hallucinations Comments ● ⑤ ③ ● ⑤ ⑤ ● ⑥ ● □	judgment impaired Becton Date Areary Dagnotil dy24/2017 Liver cancer (*) (C22.8 0.0* cor C0) Nhhi, M	edical Social Worker, MSW Restore
Consing Needs Intelectual communication Organization shares Support Systems Family Relationships Comprehensive Assessment HISPC Financial HISPC Financial HISPC Financial HISPC Financial HISPC Statistical MSW Hobjec Visit (SZC72015) - St Add/Remove Forms TimeHotes Add Remove Forms TimeHotes Add Remove Forms TimeHotes Add Remove Forms TimeHotes Add Remove Forms TimeHotes Add Remove Forms	Mental status agitation comatose dementia hallucinations Ø \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	Bector Date Bector Date Bector Date Array Dagross Liver cancer (*) [C22.8 array coreConj Ninh, M] paid help parents religious organization	dical Social Worker, MSXP Restore
Consisting Needs Intellectual Communication Creatations Needs Support Systems Family Relationships Comprehensive Assessments HISPC Financial HISPC Financial HISPC Financial HISPC Financial HISPC Southual MSW-Hospice Visit (SYC17019- So Add) Renove Forms TimeNotes Add Renove Forms TimeNotes Add Renove Forms TimeNotes Add Renove Forms Home Safety Addres	Memory loss none immediate short term long term Mental status agitation comatose dementia nallucinations Comments Image: Status Image: Status<td>Becton Date Prenay Degross 4/24/2017 Liver cancer (*) (22.8 µC+ vor CM)) Ipaid help parents religious organization</td><td>adical Social Worker, MSR) Restore Par solings A</td>	Becton Date Prenay Degross 4/24/2017 Liver cancer (*) (22.8 µC+ vor CM)) Ipaid help parents religious organization	adical Social Worker, MSR) Restore Par solings A
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Consisting Needs Intellectual communication Orientations Mental Support Systems Family Relationships Comprehensive Assessment HISPC Living Arrangements Intellectual Communication HISPC Cing Arrangements Intellectual Communication HISPC Communication HISPC Communication HISPC Communication HISPC Communication HISPC Communication HISPC Communication Addres Addres Addres Addres Safety Concerns Safety Concerns Behaviors/Emotions Counseling Needs	Memory loss □ none □mmediate □short term □ong term Memory loss □ agitation □ comatose □ dementia □ hallucinations Comments □ 2 y.o. (4/2/977) Male taxont □ dementia □ hallucinations VP 02 y.o. (4/2/977) Male taxont MRNc 85002359 Elderly,Burny 4-3-17 (Admitted) VPDOT Systems □ □ dime □ community organization Lives With □ □ alone □ spouse or partner □ other family member □ bidrem □ community organization □ friends □ grandchildren □ ≤ spouse or partner □ spouse or partner □ souse or partner □ souse or partner □ safety issues □ environmental risks □ fall risk □ environmental risks □ fall risk □ environmental risks]paid helpparentsreligious organization	adical Social Worker, MSV Restore
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Social Workers can use the Family Relationships Smart Form to document their patient's answers to various questions regarding familial relationships

Elderly, Bunny	102 y.o. (4/3/1917) Male Epicode MRN: 85009259 Elderly,Bunny 4-3-17 (Admitted)		Election Date 4/24/2017	Primary Diagnosis Liver cancer (*) [C22.9 (ICD-10-CM)]	
MSW - Hospice Visit (5/27/2011) - Far	ily Relationships			Nhhh, Medical Social Worker, MSW	Restore
& Add/Remove Forms	Family Relationships				
e Admin	How do you view your family?				
Alerts	How open is your family to new ideas?				
Home Safety Home Safety Safety Concerns	How is your family reacting to your present situation?				
MSW Assessment Behaviors/Emotions	What problems or issues are discussed most in your family?				
Counseling Needs Intellectual/Communication Orientation/Mental	What topics are hardest for your family to talk about?				
Support Systems Family Relationships	Is this present difficulty bringing the family closer or causing problems?	Eroo	Fov	+	
Comprehensive Assessment HSPC Living Arrangements Intellectual/Communication	Do you feel that you cannot cope with your present situation or difficulty?	LIGG	IEX	L	
HSPC Financial HSPC Spiritual	Have you ever been in a crucial or decisive situation like this before?				
HSPC Psychosocial - Patient HSPC Psychosocial - Caregiver HSPC FSAS.R	If yes, how did you handle it?				
Palliative Performance Scale HSPC Neurological	How do you feel about this situation?				
HSPC Respiratory HSPC Cardiovascular	How will you handle these feelings?				
HSPC Genitourinary Muscoloskeletal	present situation? Why or why not?				
HSPC Integumentary HSPC Braden Scale	What will you do about the present situation?				
Nutrition	Are there family or friends who will help you? How will they help?				
Income and Financial Assets	Comments				
Interventions	Ø ♥ Ø ♥ 6 ♥ ♥ ₽ 6				

New description for Active Infections

谷 Alerts for Elderly, Bunny (Episode: Elderly,Bunny 4-3-17)							
Show Inactive Alerts							
Name		Due Date	Level	Туре	Status		
▼ NH HH Active Infections		05/28/2019	Current	Ad Hoc	Active		
VH HH Benefit Period Due		05/28/2019	Current	Ad Hoc	Active		
V OPEN ENCOUNTERS		05/02/2017	Current	Ad Hoc	Active		
③ UNSIGNED VERBAL ORDERS			Unknown	Ad Hoc	Active		
		-					
Legend: @ Future @ Imminent	Current 🔨	\rm High Pi	riority 🕘	Overdue	⑦ Unknown		
Dismiss 💉 Edit					➡ New Alert		
NH HH Active Infections							
Refer to the Patient Infection Status							
This patient has an active patient-level	vel infection.						
Details							
Alert Level	Discipline			Туре			
Current	All disciplines			Ad Ho)C		
Dates							
Due Date: 5/28/2019							



Patient Infection Status displays on the Thumbnail report

02 y.o. (4/3/1917) Male, MRN: 85009259	E	pisode ilderly,Bunny 4-3-17 (Admitted)		Election Date 4/24/2017	Primary Diagnosis Liver cancer (*) [C22.9 (ICD-10-CM)	Last Sync 3 Minutes
Current Alerts 😋 Sync Patient 🗙 Remov	ve Patient 🕧 Add Directions 🗋 A	Add Specialty Comments				
Elderly Bunny						Episode: Elderly,Bunny 4-3-17
Primary Dx: Liver cancer (*) [C22.9 (ICD-10-C	CM)] [155.2 (ICD-9-CM)]					
Current Innatient Admission	989,08 (1991 - 1925)					
Admitted: 5/26/2017	Attending Kimberly	Providers: Anne Case, MD from: 8/31/2017 1:00	PM to: (none)			
Expected Length of Stay: 390 days	Location ,	Unit: NOVANT HEALTH PRESBYTERIA	N MEDICAL CENTER / PMC H	ARRIS HOSPICE		
Home Care Address & Directions/F	Precautions					
Address: 4117 Heavenly Way CONCORD, NC 28026	Directions/Precau	utions:				
Phone Numbers: No phone numbers on file.						
Phone Numbers: No phone numbers on file. Code Status (1 most recent)						
Phone Numbers: No phone numbers on file. Code Status (1 most recent) Order Entry Date and Time	Order Date	Туре	Status	Authorizi	ng Provider (Status)	Home Health Provider
Phone Numbers: No phone numbers on file. Code Status (1 most recent) Order Entry Date and Time 5/25/2017 4/20 PM Code Status: Do not resuscitate; Hospic	Order Date 5/25/2017 ce nurse to pronounce	Type Code Status	Status Sent	Authorizi Provider I	ng Provider (Status) Nmg Amb, MD (Sent)	Home Health Provider Registered Nurse Nhhh, RN
Phone Numbers: No phone numbers on file. Code Status (1 most recent) Order Entry Date and Time 5/25/2017 4/20 PM Code Status: Do not resuscitate; Hospic O Travel Screening A	Order Date 5/25/2017 ce nurse to pronounce	Type. Code Status	Status Sent	Authorizi Provider I	ng Provider (Status) Nmg Amb, MD (Sent)	Home Health Provider Registered Nurse Nhhh, RN
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MSPQ has been added to SN-Hospice Admission Evaluation and SN -Hospice Initial Assessment contacts on the Remote Client

		Click Link to OPEN
Poc, Charly		MRN: 85013337 POC, Charly 6-20-19 (Pending Admit)
SN - Hospice Admission Eval	(7/11/2019	I) - MSPQ
& Add/Remove Forms		MSPQ
Hospice Evaluation Admin Hospice Admission Place of Service Entry Alerts	*	Complete an MSPQ for this episode. This episode does not have a completed MSPQ on file.
Notes Actions/Narrative	*	
MSPQ MSPQ	*	
LCD Forms	*	



MSPQ opens in the Address Book task on the Patient tab – <u>CLICK NEW</u> to start a new MSPQ

•••	Poc, Charly		1	100 y.o. (6/20/1919) Male Episode MRN: 85013337 POC,Charly 6-20-19 (Pending Admit)					
Ay Patients	Patient	Car <u>e</u> Team	Physicians	CMS Website	Google Map	s	PDCrx		
	<u>S</u> ummary A <u>d</u> dress/Di	irections <u>C</u> aregivers F	Patient Relationships	PQ			+ №		
chedule	Part I								
	1. Are you receiving Blac	ck Lung (BL) benefits?			Yes	No			
n Basket	2. Are these services to l	be paid by a government	research program?		Yes	No			
T	3. Are you entitled to be	enefits through the Depart	ment of Veterans Affairs (DVA)?	Yes	No			
dmin	4. Was the illness/injury	due to a work-related acc	ident/condition?		Yes	No			
	Part II								
ddress ook	1. Was the illness/injury	due to a non-work-relate	d accident?		Yes	No			
ummary	Part III								
eport	1. Are you entitled to M	edicare based on Age?			Ves	No			
ncounter eview	2. Are you entitled to M	edicare based on Disabilit	y?		Yes	No			
hart	3. Are you entitled to M	edicare based on End-Sta	ge Renal Disease (ESRD)?		Yes	No			
eview	Please note that bo	oth "Age" and "ESRD" OR	both "Disability" and "ESR	D" may be selected simulta	aneously.				
owsheets	An individual cann	ot be entitled to Medicare	based on "Age" and "Dis	ability" simultaneously.					
	Please complete al	ll parts associated with the	patient's selections.						
ontact	If the patient is entit	tled to Medicare, they sh	nould answer "Yes" to at	least one of the three en	titlement question	ns above.			
edications	Part IV - Age								
llergies	Part V - Disability								
ME									
lospice Info	Part VI - ESRD								
and Dian									



Fill out each section of the MSPQ by choosing 'Yes', 'No' or choosing from drop-down menus.

● must be cleared before you can ✓ Validate & Einish the form.

Pat <u>i</u> ent Car <u>e</u> Team Physicians Google		Print
Summary Address/Directions Caregivers Patient Relationships MSPQ		
→ View Prior MS <u>P</u> Q	✓ Validate & <u>F</u> inish	X Discard Changes
Part I		
1. Are you receiving Black Lung (BL) benefits?	e Yes No	
2. Are these services to be paid by a government research program?	Yes No	
3. Are you entitled to benefits through the Department of Veterans Affairs (DVA)?	Yes No	
4. Was the illness/injury due to a work-related accident/condition?	Yes No	
Part II		
1. Was the illness/injury due to a non-work-related accident?	Yes No	
Part III		
1. Are you entitled to Medicare based on Age?	Yes No	
2. Are you entitled to Medicare based on Disability?	Yes No	
3. Are you entitled to Medicare based on End-Stage Renal Disease (ESRD)?	Yes No	
Please note that both "Age" and "ESRD" OR both "Disability" and "ESRD" may be selected simultaneously.		
An individual cannot be entitled to Medicare based on "Age" and "Disability" simultaneously.		
Please complete all parts associated with the patient's selections.		
Part IV - Age		
1. Are you currently employed?	No, Retired	9
If applicable, date of retirement:	4/4/2019	Ċ.
2. Do you have a spouse who is currently employed?	No, Not Married (sir	igle, divorced, 🔎
3a. Do you have group health plan (GHP) coverage based on your own current employment?	Yes No	

On the Care Plan Overview, the Schedule column now shows a View Schedule link for past visit sets.

Visits

Cert Period	Visits		Start	End	Discontinued	Schedule
Registered Nursing						
	1 visit every week for 1 week	•	1/2/2019	1/7/2019	1/5/2019	Schedule
	VS 1 📑 (Edit Comment)					
		•	1/5/2019	1/7/2019		Schedule
	VS 1 🖹 (Edit Comment)					
✓ 11/1/18 - 12/30/18			11/1/2018	11/5/2018		View Schedule
	No comment on file 📑 (Edit Comment)					



Select Recipients of Faxed Orders

When you fax an order, there are now buttons to select the authorizing provider and any additional provider who needs to sign the order.

🔓 Fax Orde	er	×
1 order se Order prov Fax To: -	lected vider: CHRISTENSEN, MARY [411411]	
Frovider.	CHRISTENSEN, MARY (411411)	
	Authorizing Provider Additional Prov	vider
Fax:	608-999-5544	
Phone:	608-222-3399	
Commen	t to appear on fax cover sheet (limit to 20 lines):	⇔ ⇒ ≼ ₄ ≅ ₅
Commen	t to appear on order faxed event:	
		ept <u>C</u> ancel

You can now edit the assessment date and time for wound assessments, even if you've already synchronized the patient's information.

Click Update Date & Time button on the Wound Assessment window to keep from making the home visit erroneous and re-document it.

餐 Wound Assessment			— — X	
No assessment history is available for	this wound.			
Current Assessment for: LDA 1 Assessment Date: 6/23/2018	Assessment Time:	08:30 AM	✓ Update Date & Time	
Assessment	Clean	☐ Dry ✓ Dark edges	Edit the date and time of the assessment for this Black wound.	_