

# Home Care and Hospice Netsmart Monthly Newsletter

# April 2023

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From the Office of Clinical Informatics Home Care and Hospice

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#### **CI Assistance**

#### **Cheat Sheets**

Clinical Informatics Education (https://ci.northernlighthealth.org/netsmart): To ensure you always have the most up-to-date information, be sure to access Cheat Sheets on the Clinical Informatics Netsmart Education Portal.

#### **Support**

- > CI provides **virtual rounding** on a daily basis, Monday through Friday, with time slots alternating between morning and afternoon.
  - Please refer to your Outlook Calendar invite and plan to attend to ask questions related to the Netsmart clinical EHR.
- ➤ If not able to attend a virtual rounding session, please **submit a Help Desk ticket** through the **Self-Service Portal** or by calling the **Help Desk 1-888-827-7728**.

### **Known Issue**

➤ If the Service location Service Location on the Basic screen is not selected, the address will display in red font. If Service Location is not identified, the following will pop up:



Please ensure future visits scheduled for patients are updated with an active Service Location.

# **Updates**

#### **Flyers**

The following flyers have been updated, tap the link to see the updated workflow!

Admission Visit

#### **OnBase Resources**

- Written instructions for viewing and uploading documents.
- <u>Video instruction for viewing patient documents</u>.
- <u>Video instruction for uploading documents.</u>

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#### **Infections and Infectious Diseases**

- Infections and Infectious Diseases are recorded within Adverse Events and allows the care team with possible opportunities to improve care and prevent infections.
  - Infections are documented that develop 48 hours after admission to home care services and are monitored as part of the Infection Surveillance and Prevention Plan. This is documented if a patient is diagnosed with an infection while they are under care.
  - Infectious Diseases are medical infections that a patient may or may not be receiving treatment for.
- A visual indicator will display on the Today screen and the patient's banner bar to indicate an Adverse Event occurred. Please reference the Adverse Events tab for more information.



Tap here for more information on how to document an Adverse Event.

#### **Supervision of Aide documentation**

- The Home Health Aide Supervision question within the Netsmart Home Health Assessment templates will be updated for the following Visit Types: Routine, Nursing Assessment and Recertification for SN, PT, OT, and ST due to requirements for documenting supervision.
  - The required documentation will be one of three options.
    - Choosing Aide present and Aide not present will activate the detail questions.



# **Mobile Tablet 23.1 Updates**

## **Start and End Visit Updates**

- If End Visit is not tapped prior to starting the next visit of the day, an alert will populate indicating the previous visit will be ended one minute prior to the Start Visit time for the current patient.
- ➤ If the last visit of the day was not ended, and the first visit of the next day is started, an alert will populate indicating that yesterday's visit will be ended at 11:59 for the previous day.



**IMPORTANT**:

If these do occur, update the end time on time entry and enter a task to indicate why the time is being updated.

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#### **Assessment Updates**

- The following templates have been updated
  - OASIS Only
  - Abbreviated OASIS Only
  - SN-Nursing
  - Physical Therapy

- Physical Therapy with Treatments
- Occupational Therapy
- Psychiatric Nursing
- Speech Therapy

## Mobile Tablet 23.1 Resolved Issues

- When a New Assessment was created outside of a visit, the resource type wasn't always available in the dropdown. This issue has been resolved and the resource is now available.
- When scheduling a Recurring Visit with a specific time, they would display at the top of the calendar instead of the specific time. This issue has been resolved and they now display at the appropriate time.
- Medication lists were not populating correctly. This issue is now resolved and medication lists should display appropriately.
  - Navigate to Documents > Medication list. Print as necessary.

# **Frequently Asked Questions**

## Synchronizing (Synch) vs. Submitting

- Information that can be pushed or automatically updated when the app refreshes is called synchronizing.
- Information that is tablet specific until it is manually sent to host and signed is called Submitting.

| Synch                 | Submit                         |
|-----------------------|--------------------------------|
| Basic Demographics    | Visit Frequency                |
| Care Team             | Care Plan   Care Plan Charting |
| Admissions and Status | Assessments                    |
| General Clinical      | Medications                    |
| Time Entry            | Clinical Note                  |
| Diagnosis             | Screenings                     |

## **Marking a Visit Unmade**

Prior to checking **Unmade** on **Time Entry**, remove the **Start** and **End** time as necessary.

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- Add a Clinical Note to indicate why the visit was Unmade.
- If **Start Visit** was tapped, the visit needs to be marked **Unmade**. Navigate back to the **Today** screen to tap undo within the patient visit box.
- Mark the visit as **Unmade** on **Time Entry**.
  - If the **Unmade** visit is **Synchronized** and times are **Associated**, reach out to your manager to remove the times, sync the iPad, then mark that visit unmade again.

#### **Attaching Documentation to a Visit**

#### > Assessments

• Tap the **Assessment**, then tap the ellipsis (...). Tap **Connect to Visit/Phone Call** then tap your visit from the list.

#### Clinical Note

- Tap the **Applicable** note, tap **Copy** note in the bottom right corner.
- Tap **Add** to add a new note, within the Note section, tap twice and tap **Paste**. Add **Visit Date** and **Use Code**.
- Navigate to the note below (note not attached to the visit) and scroll to the bottom and tap the trash can.

#### Care Plan Charting

- Go to Open Charts and tap Care Plan Charting.
- Change a charted response to a different response and then tap the progression response as originally documented. Example: (Tap any circle for **No**, then tap the circle to change the answer back to **Yes**).

## Finishing the Day

➤ Have you managed **Open Patients** – no number on the menu?



- Have you submitted your visit(s) from Time Entry?
- ► Have your **Activities** synchronized are they in gray font on the **Today** screen?
- ➤ Do you see the **Green** checkmark on the **Today** screen to indicate the visit was sent to host?



## **Friends and Family**

- Friends and Family should be reviewed and updated as necessary.
- Resources within this screen also enable the appropriate resource to sign when a visit is completed.

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• To add a member to the **Friends and Family** list, tap + in the bottom corner.

• Within the Name/ID field, search for the appropriate resource, such as facility staff, and then tap

from the list.

 Indicate the relationship for the resource and contact information.

 Indicate if the resource is an emergency contact, designated alternate signatory, etc., to enable the appropriate actions to be taken.



# **Troubleshooting**

#### **Time Entry**

- ➤ If the **End Time** is blank on the **Time Entry** screen, the action of tapping **End Visit** needs to be performed.
  - If the **Start Time** is not before the current time, manipulate the time to not overlap with any other visits.
    - Temporarily change the visit type to **Routine Visit Transcription** if needed.
  - Tap the patient's name above Travel Time and tap End Visit.
  - Tap **Time entry** on the menu and update the **Start** and **End time** and the **Visit Type**.
- > Error when submitting a visit
  - If an error displays when submitting a visit, review where the error occurred.
  - An error may occur if documentation has been corrected. If this occurs, documentation needs to be recreated and the documentation with the error needs to be deleted.

## **Start Visit or End Visit Accidently Tapped**

➤ If **Start Visit** is tapped by accident and <u>no</u> required documentation was entered, navigate to **Today** and tap **Undo**. Follow the prompt to finish deleting the **Start Visit** action.



 If Start Visit was tapped by accident and required documentation was started, delete the required documentation, and then navigate to Today and tap Undo.

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- If there is required clinical documentation, it must be deleted. An alert will appear to remind you.
- Click **Yes** to confirm that you want to delete all times associated with the visit.



- If you inadvertently tapped **End Visit** too soon, navigate to **Today** and tap the **Undo** arrow in the applicable patient row. An alert will populate to inquire if you want to proceed or not.
- If you inadvertently tap **End Visit** too soon, navigate to **Time Entry** and clear the **End time**. The orange box around **End Time** should then be available again.
- Tapping **Start** and **End Visit** 
  - Tap **Start Visit** when you enter the home. This ensures all documentation is attached to the visit appropriately.
  - When leaving, tap **End Visit** before leaving the service location and obtain the applicable signature.
    - If delayed in leaving, wait until the very end to tap **Done** on the **Patient Signature** screen to record the correct **End Time**. This will remove having to send a task for updating the time on the time entry screen.

#### **Patient Phone Numbers**

- ➤ The **default Contact Number** for a patient can only be **Home** or **Mobile** in order for the transmission of visits to flow into the appropriate database.
  - The **Contact Numbers Type** cannot show more than one **Home** or **Mobile** listed, even though only one will be the default.

NOTE: If more than one contact number is tapped, an error will occur and the transmission will fail. Any visits that fail to be transmitted must be re-entered manually by someone in the office.

## **Connectivity**

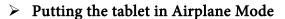
- If you know you are going to be in a location with poor cellular reception, add this information to the staff information box on the **Today** screen for other care providers to be aware.
- ➤ If in an area where cell service is not always available, place the tablet in **Airplane Mode** before beginning the day.

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- Placing the tablet in **Airplane Mode** allows clinicians to view patient charts and document offline
  - Green indicates item may be viewed and edited offline.
  - Yellow indicates item may be viewed but not edited.
  - Red indicates item may not be opened or edited.



- Locate and tap **Settings** on the home screen.
- Slide to activate button for **Airplane Mode**.
  - When cell service is restored, inactivate **Airplane Mode**.

#### Documentation

- To make the assessment available in Airplane Mode, add a new assessment and document a period in the other box.
- Tap the back arrow in the top left next to Assessment to save. This will allow finishing it in Airplane Mode.
- When Airplane Mode is turned off, complete any other documentation, and Submit.





