
When a patient is transferred to a hospital or facility, documentation is required to indicate the transfer status. If the patient is admitted, a Full Transfer is performed.

Scheduling the Visit

- When you are notified of the transfer, add a visit to the **calendar**.
 - If notified patient has been sent to a hospital/facility without confirmation patient has been admitted, add a **Partial Transfer visit**.
 - If you receive an email from Intake that a patient has been admitted, add a **Full Transfer** or **Full Transfer no OASIS** based on whether patient's insurer requires an OASIS only assessment.

Starting a Visit

STEP 1: From the **Today** screen, locate the patient and tap the visit type to open the chart.

STEP 2: Tap **Sync** in the bottom right-hand corner.



STEP 3: Tap **Start Visit**.

Visit Documentation

➤ **Partial Transfer**

STEP 1: Tap **Clinical Notes**.

- Tap **+ Add** to add a new clinical note.
 - Use Code is **C**.
 - Indicate **Partial Transfer** at the beginning of your Note.
 - Add details as to why the patient was sent, date of transfer and name of hospital/facility.
- Tap **Send to Portal**.
- Tap the **< back arrow** in the top left to save the information return to the charting page.



STEP 2: From the tile page, tap **End Visit**.

STEP 3: From **Time Entry**, submit documentation.



➤ **Full Transfer**

STEP 1: Tap **Admissions / Status**.

- Update the patient's status to **Field Transfer to facility no D/C** (at end of list).
 - Update the **Status Date** to the date the patient was admitted to hospital or facility.
 - In the **Facility ID** field, enter name of the hospital or facility where patient was transported.
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- Scroll to **Class** and **Acuity**.
 - If **Class** indicates Home Health and **Acuity** indicates OASIS Pending, an OASIS only assessment is required.
 - If **Class** indicates Non-OASIS and **Acuity** indicates Non-OASIS, change visit type to **Full Transfer no OASIS**. An Assessment is not required so skip Step 3 below.
- Select the < **back arrow** in the top left to save the status and return to the charting page.

STEP 2: A warning message displays: *Warning: There are active medications for this patient. Please discontinue medications before transfer, tap OK.*

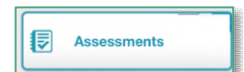
- Tap **End Physician** to add Provider.
- Tap **Do not Create End Sup Order**.
- Review the end date(s) for accuracy to reflect when the patient was admitted.
- Tap **Done**.
- Tap the < **back arrow** in the top left to save the information return to the charting page.

- If the system does not open the **Medications** screen, tap **Medications** from the charting page.
 - Tap the three dots in the lower right and tap **Discontinue**.
 - Tap **End Physician** to add Provider.
 - Tap **Select All Medications** and **Do not Create End Sup Order**.
 - Review the end date (s) for accuracy to reflect when the patient was admitted.
 - Tap **Done**.
- Tap the < **back arrow** in the top left to save the information and return to the charting page.



STEP 3: Tap **Assessments**.

- Tap + **Add**.
 - Template: **OASIS Only**.
 - Visit Type: **6 – Transferred to an inpatient facility – patient not discharged**. If this is not available, go to the section below for **Full Transfer no OASIS**.
 - Tap under **D/T Summary**: choose **Transfer from Agency (not Discharged)**.
 - Tap **Done**.
- Select the < **back arrow** to save the assessment and return to the charting page.



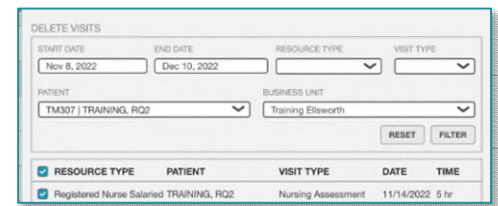
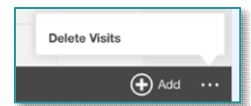
STEP 4: Tap **Clinical Notes**.

- Tap **+ Add**.
 - Use Code is **D**.
 - Indicate **Full Transfer** at the beginning of your note.
 - Include the date of transfer and hospital/facility in the Note.
 - Tap **Send to Portal**.
- Tap the **< back arrow** in the top left to save the note and return to the charting page.



STEP 5: Tap **Calendar** within the patient's chart.

- Tap the three dots in the lower right and tap **Delete Visits**.
 - Edit the **End date** to be greater than two months out to cover the certification period.
 - Leave **Resource Type** and **Visit Type** blank.
 - Tap **Filter**.
 - To delete all visits, tap the box to the left of **Resource Type** above the list of visits.
 - Tap **Done**.
- Tap the **< back arrow** in the top left to save the deleted visits and return to the charting page.



STEP 6: Tap **Visit Frequency**.

- End current **Visit Frequencies** using today's date.
 - For **Visit Frequencies** not yet started, change the **End Date** to be the same as the **Start Date**.
 - Leave **Do not Create End Sup Order** box checked (or check off if not checked) and add **Change Reason – Transfer complete**.
- Tap the **< back arrow** in the top left to save the visit frequency and return to the charting page.

STEP 7: Tap **End Visit**.



STEP 8: Navigate to **Time Entry** and submit documentation.