

## From the Office of Clinical Informatics Cerner Millennium Physical Therapy Optimization September 17, 2023

The PowerForms documented by Physical Therapists have been updated to align with Cerner enhancing the workflow for the therapist. The updates include changes to the dropdown options content, including the order they appear, changes to grids, removal of some documentation fields, and addition of new documentation throughout the PowerForms.

## **Grid Column Headers**

- > Grid column headers are aligned with model and all of the column title may not be in view.
- > Adjusting grid columns size allows the column header to be seen more easily.
  - Select the line in between two columns, then click and drag to make bigger.

Mobility		STREET STREET
		and and a second
	ependenty/Clean-up assiservision/Touch assistial/Mod assistantial/Max assispendent	

## **PT Inpatient Evaluation**

- Assessment Section
  - Clinical Assessment Summary replaces Assessment/Justification.

## Adult and Pediatric Outpatient Daily, Inpatient Daily, and Progress Note Documentation Forms Changes

- Review/Treatments Provided Section
  - Click **Yes** in **Short Term Goals Reviewed** to open the **PT Short Term Goals** section for documentation.
  - Treatment sections are accessed from **Treatments Provided This Date** subsection.
  - Select the desired treatment to be documented and the section will open.
  - Use the circle back of button to return to Review/Treatments Provided.

• Select the next treatment to be documented and continue this process until all applicable treatment sections are documented.

		Review				
		Short Term Goals Revie	ew	Plan Review	S	hort Term Goals Reviewed
		PT Short Term Goals		No qualitying data available	C	) Yez
Review					Vi	sits Since Last Progress Not
Short Term Goals Review	N	Plan Review		Short Term Goals Reviewed		
PT Short Term Goals		No qualifying data available		O Yes	Т	otal Visit Count
No qualifying data available					1	
					D	not modify visit number.
		0			P	Authorized Number of Visits
hysical Therapy Orders	5	Pain Present		Progress Note Visit Count		
Physical Therapy Evaluation and 12:46:00 EDT, ONCE, 294,965,	Treatment Acute - 03/17/23 03/17/23 12:46:00 EDT,	O No actual or suspected pain O Yes actual or suspected pain				
Strengthening and Mobility, Acut	e Stroke			Do not modify visit number.		
					nce	Standing Balance
Treatments P	rovided This	Date				O Yes
Therapeutic Activities	Mobility	Sitting Balance	Standing Baland	ce		Taping/Bandaging/ Strapping
O Yes	O Yes	O Yes	O Yes			C Yei
Therapeutic Exercise	Neuromuscular Reeducation	Manual Therapy/ Massage	Modalities			
O Yes	O Yes	O Yes	O Yes			
Taping/Bandaging/ Strapping	Casting	Wheelchair Management	Aquatics			
	1 0	10.11			100 A	

# <u>NOTE</u>: Once a section has been documented, it can be opened for review or further documentation from the section menu on the left.

<u>NOTE</u>: Total Visit Count and Visits Since Last Progress Note on the Outpatient Therapy forms will not be accurate on existing patients. The counter is unable to look back at previously documented forms. New patients on or after the implementation will display an accurate visit count.

#### General Information/Review Treatments Provided Sections

- Pain Present
  - If Yes actual or suspected pain is selected, it opens the Pain Assessment section.

Self Report Pain

#### Pain Assessment Section

• In **Pain Assessment Tools**, based on documentation within **Self Report Pain** or **Unable to Self Report Pain**, the appropriate documentation field or section opens to allow for documentation of the pain score.

<ul> <li>Numeric rating scale</li> <li>FACES pain scale</li> </ul>	FLACC     65 years or older with advanced dementia, PAINAD     CPOT, patient ventilated     CPOT, patient non-ventilated     RIPS pain scale

Unable to Self Report Pain

- Pain Assessment Detail Section
  - Documenting Additional Pain opens the Additional Pain section.
    - Additional Pain section replaces the Secondary Pain Assessment section.

- Reflexes Section
  - Babinski Test can be documented in the Additional Special Tests section.
- Mobility Section
  - Ambulation grid has been replaced with individual documentation fields.
- Aquatic Therapy Section
  - Use the **Comment** column to document additional details or the patient's response.
- Education Section
  - Responsible Learner Present for Session replaces Responsible Learner(s) Present.
  - Additional Learners(s) Present replaces Primary Learner(s) Present.
- Responsible Learner Present for Session O Yes Additional Learner(s) Present O No Spouse Significant other Daughter Son Son Family member C Other: Friend Grandfather Grandmother Father Sibling

- Teaching Method
  - Updated options.

Demonstration       Explanation       Teach-back       Web-Based         Electronic       Printed materials       Video/Educational TV	Teaching Method			
	Demonstration Electronic	Explanation Printed materials	Teach-back	Web-Based

- **Document learning evaluation for Responsible Learner(s)** grid has a **Comment** column which replaces the **Written Information** column.
  - Teach back is no longer a grid column and is to be documented in Teaching Method.

Document learning evaluation for	Responsible Learner(s)				
	Verbalizes understanding	Demonstrates	Needs further teaching	Needs practice/supervision	Comment
Attention/Concentration Strategies					

- Additional education topics for ambulation with devices have been added.
- Home Program/Education has been added.
  - Med-Bridge codes and other education provided can be added here.

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#### Posture/Deviations Section

• The **Posture** and **Deviation** Grid columns are in a different order.

F	Posture							
ſ		Fixed	Flexible	Sitting	Standing		Details	
	Deviations							
10000		Fix	ed Flexi	ble Lef	Right	Sitting	Standing	Details

#### Modalities Section

• Body Region and Settings are free text fields.

#### > IADL

- Instrumental Activities of Daily Living grid column headers have changed.
  - **Complete I** is for Complete Independence.
  - **Mod I** is for Moderate Independence.
  - **Distant S** is for Distant Supervision.
  - **Close S** is for Close Supervision.
  - CGA is for Contact Guard Assist.
  - Min A, Mod A, Max A, and Total A are for the different levels of assistance needed.

#### Skin Assessment/LE Casting Section

- Replaces Skin/Edema and LE Casting Sections.
- Skin Assessment, Lower Extremity Casting, Casting ROM, and Neurovascular Assessment Lower Extremity are documented in the new combined section.
- **Nail Bed Description** grid has new column header descriptions.

Wheel 50 Feet with Two Turns

Wheel 150 feet

- > WC Management Section
  - Wheel 50 Feet with Two Turns and Wheel 150 feet are new additions to the Wheelchair Mobility grid.
    - Documentation in those grid rows opens the respective documentation to identify what type of wheelchair the patient is using.
- Type Wheelchair,
   Type Wheelchair,

   Scooter Use 50ft
   Scooter Use 150ft

   O Manual wheelchair
   O Manual wheelchair

   O Motorized wheelchair
   O Motorized wheelchair

- UE Coordination
  - If more than one trial of the **9 Hole Peg Test** is completed, document the best number from the trials performed.

Body Region	Settings

- Special Tests Rehab Section
  - Renamed from Spine Special Tests.
- Additional Special Tests Section
  - Renamed from **Special Tests**.
- Strapping/Casting Section
  - Certain charges are not available for documentation until the actual strapping or casting has been documented.
  - **Co-Treatment Minutes** will be included in the **Time Spent with Patient** calculations.
- Home Environment and Home Environment II Sections
  - Living Environment is a Smart Template that pulls in documentation from Home Environment.

## **Repetition/Time Column in Various Grids**

- > The **Repetition/Time** column has replaced the **Repetition/Time/Percentage** column.
  - **Percentage** can be documented in **Repetition/Time** column by adding a % symbol after a number.

## **PT Certification Letter**

- Physician Certification Section
  - Number of Visits this Interval
    - Document how many visits are being requested for this interval.
- Plan Section
  - Certification Letter Time Interval
    - Document the amount of time there will be between certifications.

## **Pediatric Forms**

- > **PT Pediatric Development Evaluation** has been renamed to **PT Pediatric Evaluation**.
- > The following sections have been added to the **PT Pediatric Evaluation** form.
  - Torticollis Physical Screening
  - Birth and Developmental History

Untimed Codes				
Units	Therapy Minutes Assistant Units			
Strapping Shoulder (29240)	Strapping and Casting			
ong Leg Cast Application (29358)	Untimed Codes			
Strapping Elbow/Wrist (29260)		Units	Therapy Assistant Units	Minutes
Lylindrical Cast (Thigh to Ankle)	Strapping Shoulder (29240)	Units	Urin	Mysh
itrapping Hand/Finger (29280)	Long Leg Cast Application (29358)	0.685	Unin	WHER
Short Log Cast (Below Knees to Toes)	Strapping Ebow/Wrist (29260)	Units	U cin-	Morphe
Patellar Tendon Bearing Cast Application	Cylindrical Cast (Trigh to Ankle) Application (29365)	Liste	U Min	Warda
Strapping Hip (29520)	Strapping Hand/Finger (29280)	Usils	Untr	Minute
igid Total Contact Leg Cast Application	Short Leg Cast (Below Knees to Toes) Application (29405)	Les	Use	Virso
Strapping Khee (29530)	Patellar Tendon Bearing Cast Application (29435)	Uses	Urin	Winale
Lib Foot With Molding/Manipulation, Long	Strapping Hip (29520)	Loin	Urite	Hinde
itrapping Ankle/Foot (29540)	Rigid Total Contact Leg Cast Application (29445)	Usin	Unin	Write
trapping Toes (29530)	Strapping Knae (29530)	Units	Unin-	Monde
	Club Foot With Molding/Manipulation, Long or Short Cast Application (29450)	Units	10.000	Vinite
	Strapping Ankle/Foot (29540)	Units	Unie	Missle
	Strapping Toes (29550)	Deits	U-ste	West



- The Assessment section has been removed and the following documentation has been added to the Plan section.
  - Rehab Prognosis formerly Rehabilitation Potential
  - Prognosis Fair Due To
  - Prognosis Guarded Due To
  - Clinical Assessment Summary
  - Treatment Recommendations
- > **CHEOPS** is a new pain assessment section for children.
- > **Pain Review** is a new section allowing the documentation of how the child communicates pain.
- > Functional Motor Skills is a new section.
- > Cervical ROM/Strength has been renamed to Cervical Mobility.
  - Sidebend Left and Sidebend Right have been added to the grids.
- Peabody Motor Scales section consists of individual grids for Raw Score, Age Equivalent, Percentile, and Standard Score.

## **Team Conference Form**

- Education/Referrals Section
  - Grid columns are in a different order.

Verbalizes understanding Needs further teaching Needs reinforcement Referral made Comment

- Nursing Summary Section
  - Use Other in Urinary Elimination to document External Female and Male Catheters.

## Wheelchair and Seating Evaluation Form

- > Position Assessment UE has a new subsection for documenting Upper Extremities Assessment.
- > Position Assessment LE has a new section for documenting Lower Extremities Assessment.

## **New Section in PT Forms**

> OMC Test (Orientation Memory Concentration Test)

Orientation	n Memory Concentration	on Test		
Patient's Responde Its Clarent Year	C C Insamet	Patient's Response to Current Month	C Lined C Inizand	
State the following r and remember: Joh	numbry phrase and ask patient to repeat in Brown, 42 Market Street, Chicago			
Patient's Response to Current Time Within One Hour	C Carect C Incohect	Patient's Ability to Count Backward 20 to 1	C Danied C 2011000 miles C 1Eller	
Patient's Ability to State the Months in Reverse Order	C Gated C 18rm C 20 note with	Patient's Ability to Repeat the Memory Phrase	C Gaset C Mans C Hers C Allans C Allans C SLaws	
Calculation for Orientation Memory Concentration		Score Indication	Now anyo significant cogelow inpasses     Midd cogeday ingenieri     Midd cogeday ingenieri     Modesale to convex cogedine togenerieri	
	This result contributes to the interpretation and may not match the Kataman scale, Do not document in this field.	Hid to severa cogni at risk for deinum. I	tve impeliment may indicate your patient is Indexate to severe cognitive impeliment.	

## **New Forms**

These forms have been added to the **Outpatient Physical Therapy** Adhoc folder.

- ➢ HOOS. JR. Adult Hip Survey
- HOOS. JR, Adult Knee Survey

## NEW: PT Outpatient Discharge Summary and Inpatient Discharge Summary Forms

<u>NOTE</u>: The current PT Inpatient Discharge Summary and PT Outpatient Discharge Summary forms are renamed PT Inpatient Treatment Discharge Summary and PT Outpatient Treatment Discharge Summary.

> There will be two options for completing a discharge summary.

## **Option 1:**

- The model discharge workflow is to complete the Daily Documentation form and then complete the PT Outpatient Discharge Summary or the PT Inpatient Discharge Summary form.
  - Open the **Problem List**, **PT Long** and **Short-Term Goal** sections to pull in the previous documentation.
  - **Inpatient PT** will need to open the **Section GG Summary** for inpatient Rehab patients.
  - Complete the Education and Discharge Summary sections.
- <u>NOTE</u>: The new PT Outpatient Discharge Summary and PT Inpatient Discharge Summary forms do not contain documentation for charging. If the form is completed and the patient is seen on the day of discharge, the Daily Documentation form MUST also be documented so charges can be captured.

## **Option 2:**

- > Patient **IS seen** on the day of discharge:
  - Complete the **PT Outpatient Treatment Discharge Summary** or the **PT Inpatient Treatment Discharge Summary** form.
- > Patient is **NOT seen** on the day of discharge:
  - Complete the **PT Outpatient Discharge Summary** or the **PT Inpatient Discharge Summary** form.

For questions regarding process and/or policies, please contact your unit's Clinical Educator or Clinical Informaticist. For any other questions please contact the Customer Support Center at: 207-973-7728 or 1-888-827-7728.

PT Short Term Goal
* Education
* Discharge Summary
Problem List
* PT Long Term Goals
PT Short Term Goals
Section GG Summary
* Education

Discharge Summary

Long Term Goals