

# From the Office of Clinical Informatics Cerner Millennium Outpatient Rehab Workflow May 11, 2020

On June 15, 2020, the Rehab Optimization project will be implemented, transferring documentation that is occurring on paper or in other systems to electronic documentation within Cerner Millennium. This optimization streamlines workflow and makes Rehab Therapy documentation easily accessible to providers and other clinical staff. This flyer will outline the new workflow for the Outpatient Physical, Occupational, and Speech Therapist.

#### Workflow for PT/OT/SLP

- > The patient has been checked into the Outpatient Rehab Clinic.
  - Checking the patient in for the first or subsequent visit will fire the documentation task for the visit to the Multipatient Task List (MPTL).
- From the MPTL, the therapist will locate the patient and double-click the task to open the documentation form.
  - Evaluation, Certification Letter, Daily Notes, and Progress Notes will be tasked to the MPTL.

NOTE: Documentation of charges occurs within the Evaluation, Daily Note, Progress Note, and Discharge Summary forms.

- > Certification forms will be sent to providers from within Cerner.
- Review the Rehabilitation Organizer to track Certification periods and how close the patient is to needing a Progress Note. (Reviewed in the Rehabilitation Organizer flyer)
- > Discharge Summary documentation forms will be accessed from the Adhoc folder.

## **Adhoc Folder Structure**

Each Therapy discipline will only see their own Note types in Adhoc.

## **Documenting a Task from the MPTL**

- > **Double-click** the desired task to open the documentation form.
- If all of the required documentation fields have been completed, the task on the MPTL will have a green check mark and have a status of **Complete**.

- **Refresh** the MPTL by clicking the **minutes ago button** to remove the task from the MPTL.
- ➤ Forms that do not have all required fields documented will go to the MPTL with a status of In-Process.
  - Clicking on an In-Process task will open the previously started form.

## **Evaluation Forms**

- > Double-click the Evaluation task in the MPTL to document the Evaluation form.
- ➤ Document the required fields and those sections that are applicable to the patient.

Documenting Evaluation Complete in the Plan section will fire a Cert Sent and Cert Receive task to the MPTL if the patient has Medicare Insurance.

NOTE: If the Patient requires a Certification and does not have Medicare Insurance, the therapist will access the Certification Letter from the Outpatient Therapy folder in Adhoc.

- In the Assessment section, Evaluation Complexity will populate Low, Moderate, or High Complexity based on documentation in the Evaluation.
  - Documentation fields that feed into this calculation are:
    - Examination of Body Systems located in the Assessment section.
    - Clinical Decision Making located in the Assessment section.
    - History of Comorbidities/Personal Factors Impacting Plan of Care located in the Past Medical History, Problems, and Diagnosis section.
    - Presentation of Characteristics located in the Subjective section. OT does not have this
      documentation field.
  - If the Evaluation Complexity calculation differs from what the therapist has documented, the
    therapist should review the documentation fields that contribute to the calculation and adjust as
    needed.

#### Documenting a Problem

- Use the IMO search field for entering a new Problem.
  - Right-click the newly added Problem to add details such as Age or Date of Onset.
- Click + Add to search for Problems that do not come up in IMO Search.
- Problems should be added if the problem for which the patient is being seen for is not on the
   Problem list, and when the patient reports a new problem.

NOTE: Therapists do NOT add a Problem under Diagnosis (Problem) being Addressed this Visit.

- Documenting an Allergy
  - In the Allergy section, click + Add button to add a new allergy reported by the patient.
- Pain Screening
  - If Pain education is given to the patient, document Yes.
  - Document **Not appropriate at this time** if Pain education is not being given to the patient.
- Coordination of Care
  - Use this section to document who care of the patient was coordinated with.
- Hybrid Time Based Charges and Time Spent with Patient sections
  - Refer to the Rehab Therapy Charge flyer for detailed information on documenting charges.

- Additional Information
  - Document in this free text box information that there is not a discrete field for the documentation.
- Click the green checkmark to sign the Evaluation form.
- **Refresh** the MPTL.

#### **Certification Letter**

➤ Double-click the Cert Send task to open the Certification Letter.

NOTE: This form will pull in data documented in the Evaluation form. Open each section to pull in the data.

- ➤ Interval Start Date is the same as the Date of Evaluation.
- > In the Plan section, document Certification Letter Complete.
  - Documentation of Certification Letter Complete will fire a Recert Send and Recert Receive task to the MPTL seven days before the current certification expires.
- Forward the Certification Task to the referring Provider using the Forward functionality in Documentation or Notes. Refer to the Forwarding a Document flyer for more details on forwarding.
- ➤ Click the green checkmark to sign the Evaluation form.
- **Refresh** the MPTL.

NOTE: The Cert Receive task remains on the MPTL until the certification is received back from the provider. Once the Certification Letter is received from the provider, right-click the Cert Received task and chart Done.

## **Daily Note Forms**

NOTE: If the patient receives a treatment on the day of the Evaluation, the therapist should complete the Evaluation and a Daily Note.

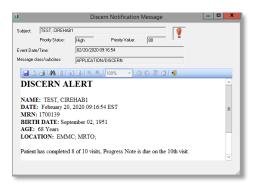
- ➤ Double-click the **Daily Note task** in the MPTL to document the Daily Note form.
- Document the required fields and those sections that are applicable to the patient.

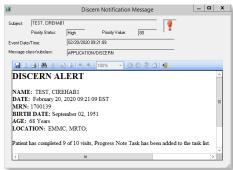
NOTE: Certain documentation from the Evaluation form will pull forward to the Daily Note. Click in the documented sections to pull in data from the Evaluation.

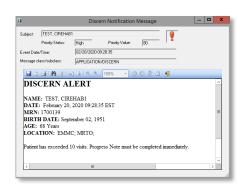
# **Progress Note Forms**

- ➤ On the 8<sup>th</sup> visit, on chart open, the therapist will receive a pop-up Discern Alert reminding the therapist that a Progress Note is due on the 10<sup>th</sup> visit.
- ➤ On the 9<sup>th</sup> visit, on chart open, the therapist will receive a pop-up Alert reminding the patient that the Progress Note is due on the 10<sup>th</sup> visit.
  - Both the **Daily Note task** and the **Progress Note task** will go to the MPTL on the 9<sup>th</sup> visit.

- If the Progress Note is completed on this visit, the therapist should chart the Daily Note task as Not Done by right clicking the task.
  - A Reason for not completing the Daily Note should be documented by choosing from the drop-down or by selecting Other and stating a Progress Note was documented.
- ➤ On the 10<sup>th</sup> visit, if the Progress Note has not been completed, on chart open, the therapist will receive a pop-up Discern Alert stating the Progress Note is due immediately. This alert will continue to fire until the Progress Note is completed.







- ➤ In the Plan section, document Progress Note Complete.
  - Documenting the Progress Note is complete, resets the counter so alerts will fire for the next Progress Note.

# **Documenting Cancelled/Missed Units**

- If the patient is late for an appointment, is too fatigued to continue the treatment, or misses part of their therapy session due to another reason, the number of **missed Units** and the **Reason** is documented at the bottom of the **Time Spent with Patient** section located in each of the documentation forms.
- ➤ If the patient misses an entire therapy session, document in the **Missed Therapy Minutes form** for your discipline located in **Adhoc**.

## **Discharge Summary Forms**

- ➤ The Discharge Summary forms are NOT tasked to the MPTL.
- > On the patients last visit, the therapist will access the Discharge Summary form from the Outpatient Therapy folder in Adhoc.
- Documentation from the **Daily Note** and **Progress Note** will pull forward to the Discharge Summary form.
  - Click in each previously documented section to pull data forward into the Discharge Summary.
- ➤ If the patient is **discharged from therapy** because they have stopped coming, or have exceeded the number of allowed missed sessions, the **Discharge Summary** form should be documented based on the last visit.

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## **Student Documentation**

- After a student therapist completes a documentation form, the licensed therapist will get a task on the MPTL for the form with a Status of **Pending Validation**.
- The student's documentation forms will display in Form Browser with a status of (In-Process).
- The licensed therapist will double-click the task to open the student's documentation.
- ➤ The documentation should be reviewed. The therapist is required to document something in the note in order to sign the form.
- After the licensed therapist signs the form, in Form Browser the status of the form will display as (Auth (Verified)).

## Saving a Note

- ➤ If a therapist is working on a documentation form and is not able to complete it in one sitting, the form should be **Saved** rather than signed.
- Click the Save Disc icon next to the Sign icon.
- ➤ If the saved note has **required fields that have not been documented** yet, navigate to the MPTL and click the task to open the previously started note.
  - In Form Browser, this note would have a red tile and have a status of (In-Progress).
- To complete a saved note that had **all required fields documented**, navigate to Form Browser and locate the saved form.
  - In Form Browser, this note would have a blue tile and a status of (In-Progress).
  - Right-click the form and select **Modify** form.
  - Once the form is completed, click the **Sign icon**.
  - The status in Form Browser will update to (Auth (Verified)).