Wednesday, September 20, 2023

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PT and OT Optimization

Known Issues & Updates

The Short-Term Goals Review Smart Template in the OT Daily Review/Treatments Provided section is not pulling in Goals #3 and Goals #4.

➢ The IS team has involved Cerner to help investigate why this is occurring.

Safety/Judgement is now multiselect.

➢ Safety/Judgement documentation field has been updated to be multiselect allowing the option to select as many applicable Safety/Judgement items as appropriate for the patient.

➢ This has also been added to the OT Inpatient Evaluation form.

➢ Other has been added to the dropdown options.

Reason For Referral Section is no longer flagged as a required section.

➢ Reason for Referral and Chief Complaint documentation is a Regulatory requirement and still needs to be documented even though the section is no longer flagged as required.

➢ The removal of the required flag was to allow the Therapy Assistants to fully complete a Daily Documentation form without a required section left undocumented.

- It is outside the scope of an assistant to document those fields.

Important Reminders

The appropriate Charge documentation fields will open based on documentation of treatment provided.

Frequently Asked Questions

NEW: How do I document charges for treatments performed during the evaluation visit?

➢ Model workflow for treatments performed during the evaluation visit, include documenting the treatments in the Daily Documentation form so the charges for those treatments can be captured.

- The entire Daily Documentation form does NOT need to be documented during the evaluation visit. Document the required fields, the treatments provided, and the appropriate charges.

NEW: Where do I add the MedBridge codes for the Home Exercise Program?

➢ In the bottom of the Education section, a new Rich Text free text box has been added to allow documentation of the MedBridge codes or other education provided to the patient.

- Scrolling may be needed to see this field.
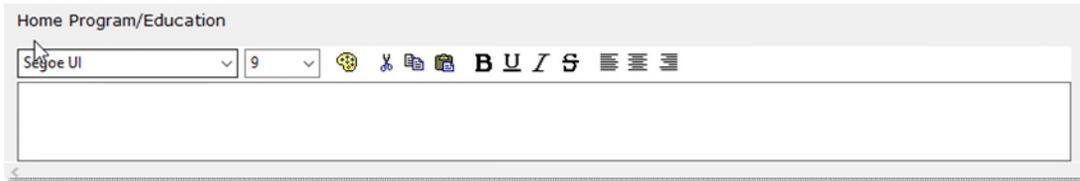
What do I document in Date of Surgery/Injury if my patient has not had an injury or surgery since this is a required field?

➤ Inpatient Therapists should document the admission date if the patient has not had an injury or surgery.

- The Surgery date or Injury date should be documented if the patient has had one of these.

➤ Outpatient Therapists should use the referral date if the patient has not had an injury or surgery.

How come I cannot see all of the documentation in a grid cell?

➤ Grids that are located in a section with a Smart Template may have some of the documentation cut off making it difficult to review what was documented.

➤ The column row can be widened by hovering over the thin gray line between columns, left-click and drag to the right.

➤ The column row can be deepened by hovering between the Activity rows until the expand icon appears, left-click and drag down.
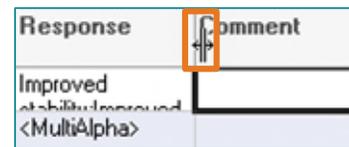
How can Special Tests be documented in the Outpatient PT Evaluation?

➤ Model workflow is to use Special Tests Rehab, selecting the appropriate body area and select Other in Tests Performed.

How can charges be documented for Self Care/Home Management since they do not open when documenting the Basic ADL section?

➤ Self-Care/Home Management charges are mapped per Cerner Model to Therapeutic Activities.

➤ After documenting Basic ADL, open the Therapeutic Activities section and close it.

How can charges be documented for Gait Training since it does not open after documenting the Mobility section?

➤ Therapeutic Activities must be opened or documented for the Gait Training charge fields to open.

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.

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