

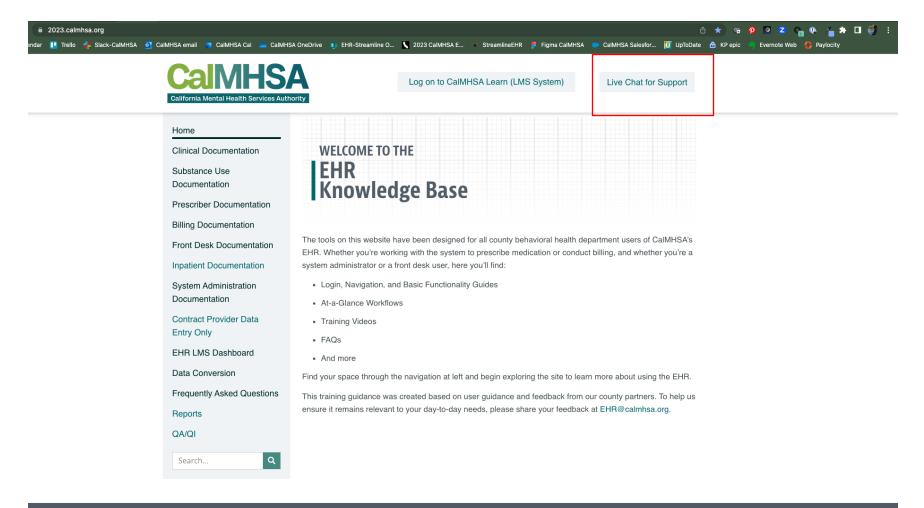
INPATIENT/CSU

VISUAL QUICK GUIDE

06.27.23

HELP IS AVAILABLE AT CALMHSA WEBSITE (2023.calmhsa.org)





(916) 214-8348 | EHR@calmhsa.org

GOALS



This is a Quick Guide to the Inpatient/CSU prescriber and nurse EHR workflows

- Aims to support user through commonly used tasks. There is also a <u>digital quick guide</u> that can be found here. Please refer to our <u>user guide for inpatient documentation</u> for more details.
- Assumption that user has completed basic training found on CalMHSA website.
- This covers some aspects of residential environment but for more details, but please refer to the "Inpatient CSU and Residential User Guide" for nuances.
- Reminder: Ensure your Prescriber and Nurses permissions have the correct user/staff role setup.

HELPFUL ADDITIONAL QUICK GUIDES



There will be a <u>digital quick guide</u> that can be found on website under Inpatient Documentation.

Task you want to do	What it is called in Smartcare?	Pro-tip
		This will give you an overview of the
	Whiteboard (My Office). If you want to toggle between	unit/beds/patients admitted. Click on the
View of the unit and patients with	different units, can select " Views" icon on upper right	Client Name's hyperlink and it will bring to
key information	corner	client chart.
	orical data	
Review previous services/notes	Services/Notes [Client]	Filter "Complete" in services/notes screen. Clickhyperlink under "Document" to access a specificnote. You can also filter Documents screen by "Signed." If within a note's PDF, use forward orbackward arrow to look at notes.
Review previous and current programs	Programs [Client]	Filter "enrolled" for current programs and remove date range to see all programs in the past.
		You can also use: Individual Lab Flowsheet: Can trend and track individual lab trends and/or input POCT results manually.
Review Labs	Lab Result Widget: A quickview of labs Lab Result Review: Complete list of client labs and/or outside lab results that have an appropriate interface with the EHR	If scanning in any POCT/additional results can do this through "Scanning, My Office" and the pdf will be saved within "Documents, Client."
Review Labs		
Review Diagnoses	Diagnosis Document [Client] or within any psychiatric notes	Of note, when clinicians enter problems in their notes, this information will go to Client Clinical Problems, which is a separate list from Diagnosis Document. This is in development for merging treather.



Thing You Want to Do		What is it Called? Where Can You Find it?	* Pro Tip	
1	Send Medications to a Preferred Pharmacy	Preferred Pharmacy	Can select most common site and save for future use as a dropdown when you order a specific medication	
2	Record Allergies	Allergies/Intolerance/Failed Trials	Recommended to put allergies here because it will autopopulate notes and be shared with other users. If the allergy is in a similar drug class as a medication you are trying to order, you will not be able to prescribe —switch the allergy to "intolerance" and/o "railed trial."	
3	Review Active Medications	Medication List		
4	Review Past Medications	Medication History	Use the right-hand side darker blue button (rather than the lighter blue one).	
5	Review Consent	Consent History	Use the right-hand side darker blue button.	
Ь	Order New Medications	New Order	Use the right-hand side darker blue button.	
7	Add External Medications	Add Medication	Can add the source of the prescription, who is the prescriber	
8	Change an Existing Order	Select Checkbox of Existing Medication and Choose "Change Order"		
9	Refill an Existing Order	Select Checkbox of Existing Medication and Choose "Re-Order"	Cannot do this if controlled substance and will need new order	
10	Patient Medication Consent	Select Checkbox of Medication and Choose "Patient Consent"	This will pull up a document that both prescriber and client can sign. Can select and sign multiple consent all at once.	
11	Sign Verbal or Queued Outpatient Medication Orders	Queued/Verbal Orders Widget in Providers Dashboard> Rx	This will automatically connect you to the orders pending your review.	
12	Review New/Changed Medications	After clicking "Prescribe" button, a review screen will appear. If you approve, then choose "prescribe" a second time.	Make sure you check the checkbox under "ready to sign."	
13	Approve Conrolled Substances	On review screen, after clicking "ready to sign" and "Prescribe," you will be prompted on phone's HID app	Swipe "Approve" green button	
14	Review Prescription Status	Click on a hyperlink of a medication name > Script History Check "Status"	Prescribers can view a history of multiple clients in Start Page > Outbound Prescriptions. If nurses are set up as prescriber proxy they can also see prescription status (and refili request). Establishing nurses as "prescriber" does not mean they can prescribe without doctor approval; medication orders will still go through verbal or queued order process.	
15	Discontinue Existing Medication	Medication List; click the "X" at left	This will then save in medication history with end date recorded and a pop-up will allow you to record the reason.	

"FAVORITES" SETUP FOR INPT PROVIDERS

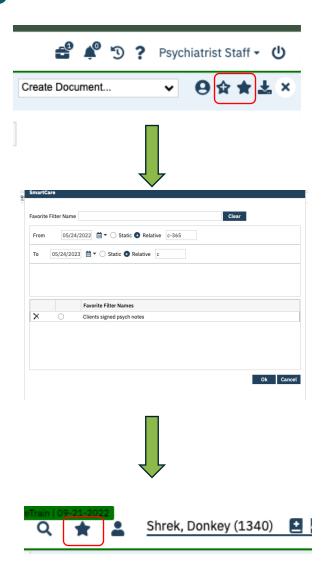


Recommended Favorites with suggested titles + filters for efficient provider workflow besides the widgets:

- My documents-In Progress: My documents, All clients, Notes, In-Progress, Due in X Days
- My documents-Completed: My documents, All clients, Notes, In-Progress, Due in X Days
- Messages/Alerts: Received, This month
- Orders, Office: Type Lab, Results Obtained: this will alert you to new lab results that have not
 yet been reviewed.
- Orders, Office: Type Lab, Completed, Your Name: this will alert you to new lab results that have been assigned to you.
 - <u>Client Orders, Office</u> and <u>Client Orders, Client</u>: This is where you can find any inpatient orders and their status. If select "New", then can place new or modify orders. Can select by program/clinic.

To review common client historical data:

- Client Enrolled Programs: [Client], Program, Enrolled
- <u>Client Signed Services/Notes:</u> [Client], Service/Note, All clinicians, All statuses, All procedures, All programs, Show services/care mgmt claims, past 12 months.
- Labs Results Review List [Client]: All results, last 90 days



"QUICKLINKS" SETUP FOR PRESCRIBERS

Recommended QuickLink Favorites:

- Whiteboard, Office
- Bedboard, Office- if responsible for admitting/transferring/swapping beds, discharge. Not covered in this quick guide, pls refer to guide for details.

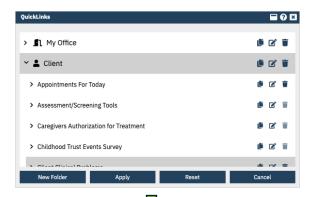
Client Related QuickLinks

- Client Dashboard
- MAR, Client
- Diagnosis Document
- Flowsheets
- Client Flags Details or can just click on the + next to client's name
- Medication Management (Rx)-use only for outpatient/discharge medications. For inpatient, use Client Orders



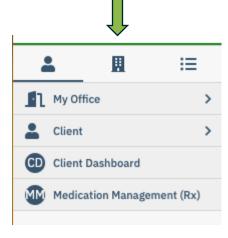






Scroll, select, copy, drag to where you want it show up on your quicklist

Apply and you may need to logout/login again.



WIDGETS: PROVIDER DASHBOARD

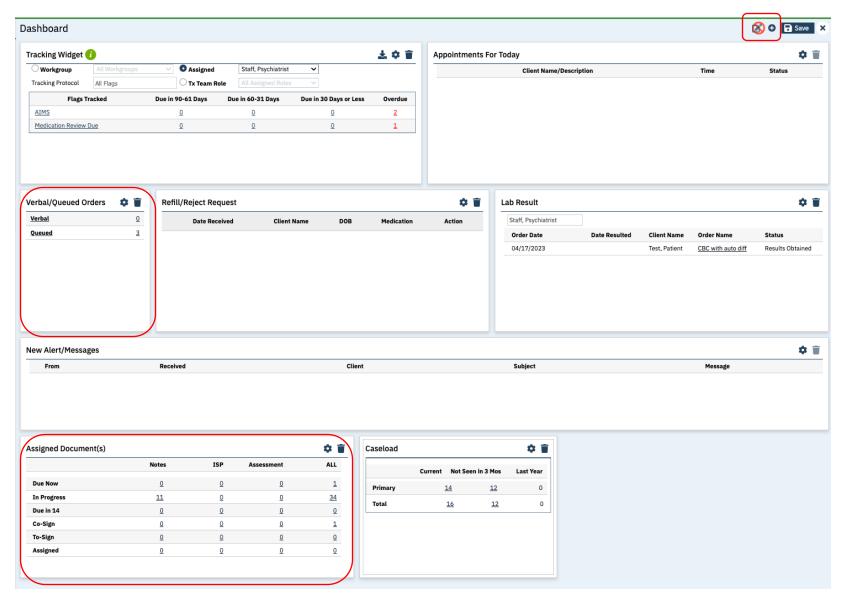
CAIMHSA
California Mental Health Services Authority

Basic widgets should be updated and pushed by CalMHSA, if the user has the right

role assignment.

PRESCRIBER: These orders are from Medication Management Rx only (which is for outpatient/discharge medications)

This is where you can find documents are still in progress and/or need co-signature including inpatient orders



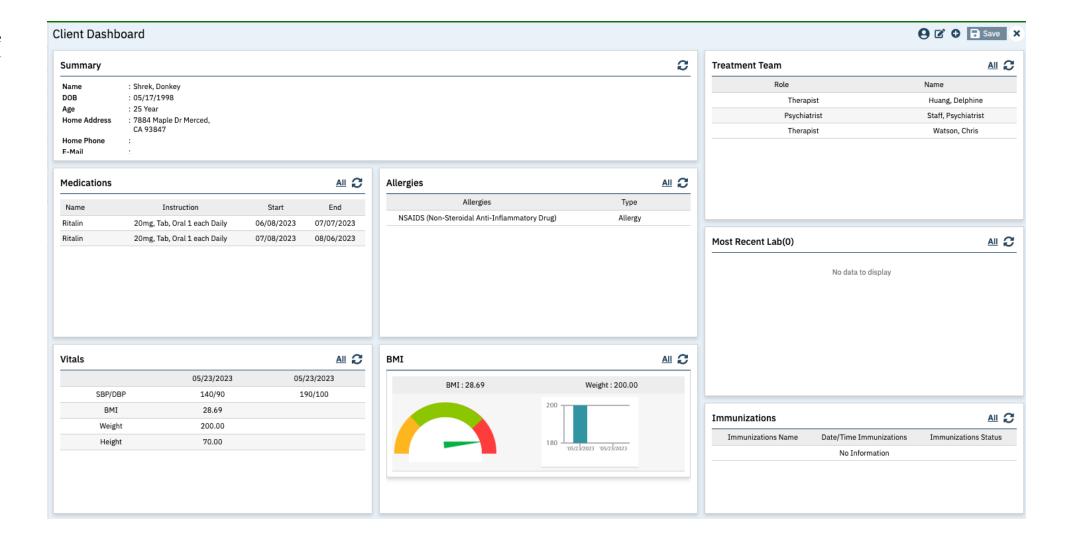
Widgets editor:

Still editable to move or remove if not needed by individual

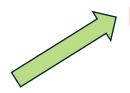
WIDGETS: CLIENT DASHBOARD



Basic widgets should be updated and pushed by CalMHSA, if the user has the right role assignment.

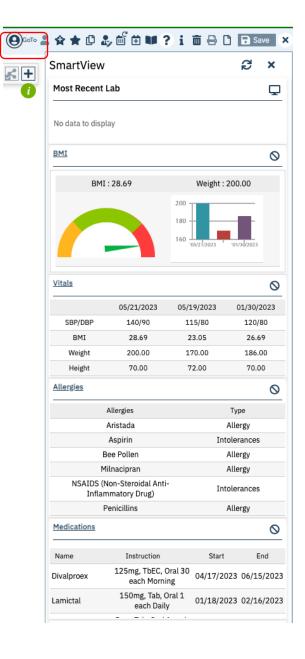


SMARTVIEW

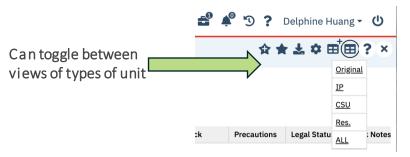


Anywhere within a client's EHR, you can also click here in order to have SmartView slide in and you can review widget's data without leaving the current page.





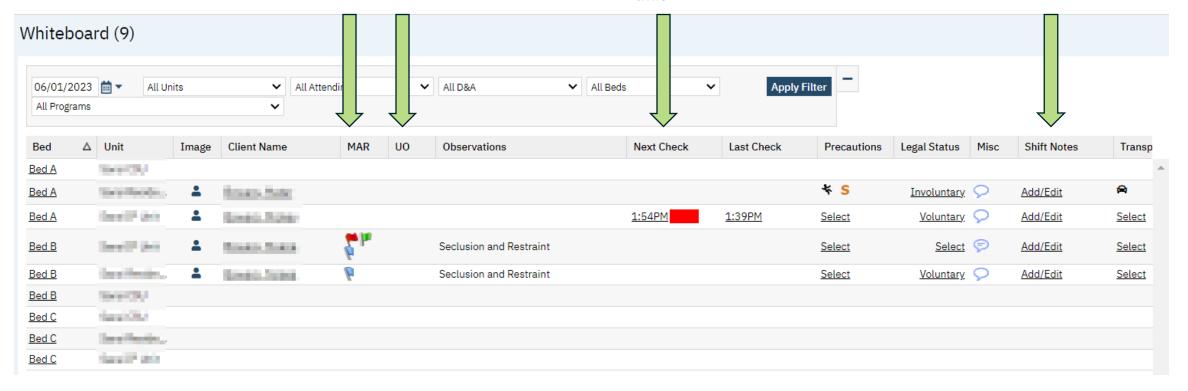
WHITEBOARD



MAR flags timeliness of medications due Any un-acknowledged orders. Can also find in "Orders/Rounding" list. To acknowledge the order, pls refer to p. 181 of user guide.

Safety Check and documentation, including S&R. When selected, will restart the time

Shift/Quick Notes



- White board is a visualization of the unit and beds
- If need to change pt's admission status or bed/room Search for "Bedboard" and/or read p. 41-44 in the "Inpatient CSU and Residential User Guide"

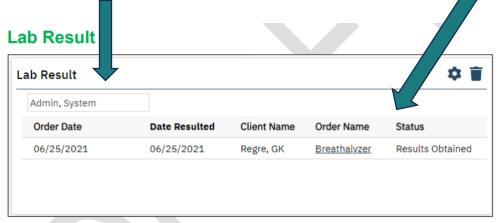


REVIEWING HISTORICAL DATA

REVIEW LABS

Within Lab Result Widget:

Can search for other providers' and what labs have resulted



This widget lists the most recently uploaded lab results for your primary clients.

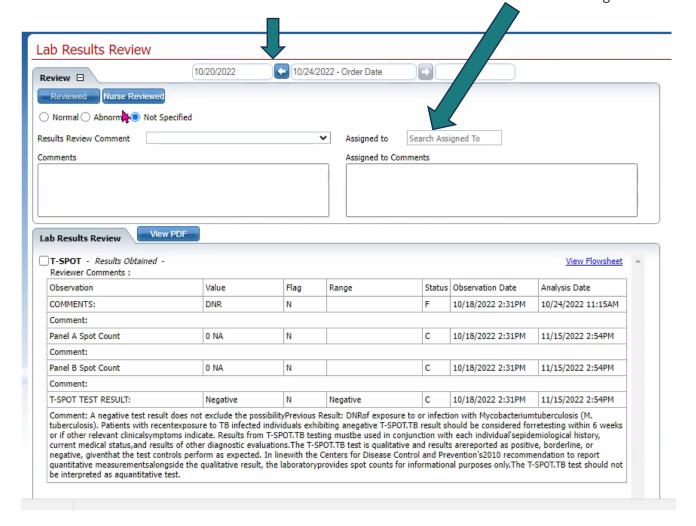
Click the hyperlinked Order Name to display the Lab Results Review screen.

If you have administrative permissions, you can use the configuration key, LabsWidgetLookbackMonths, to control how many months back the widget includes. Accepted values are 1, 2, or 3.

Search for Lab Results Review, Client Or click the order name

Can navigate between labs

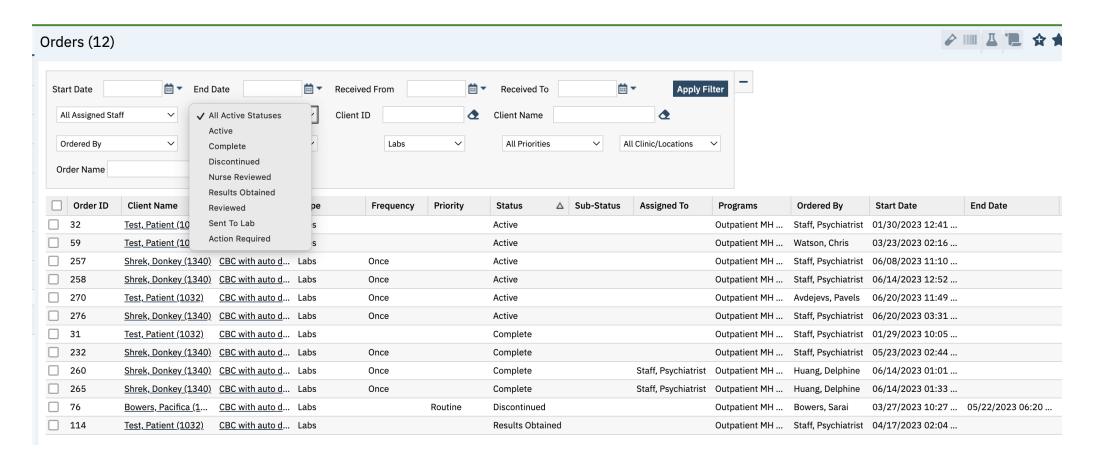
If assigned to a prescriber, then prescriber will find this information in their "Orders, My Office". There is no notification in widget.



TRACKING OF ALL LABS

Recommend to search for Orders, Office

Can filter based on Type (eg Labs) and Status (eg Active, Results Obtained, Completed, Assigned to a specific staff).



To Trend Labs, Search for "Flowsheet (Client)" and you can select any part of a lab (eg ANC from CBC) and there will be a flowsheet created for each lab value. POCT test results may be uploaded in "Documents, Client" if PDF or Flowsheet depending on your clinic's workflow.

OPTION #1: TO INPUT LABS THAT ARE POCT OR ADDITIONAL

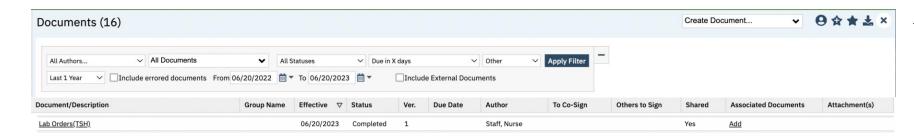




Search "Scanning, My Office" while within a patient's chart.

You will be prompted to upload your results, and select client medical records, effective date, Record Type, free text a description which will show on the document header and program.

You will not be able to assign, co-sign or notify prescriber that this has uploaded.

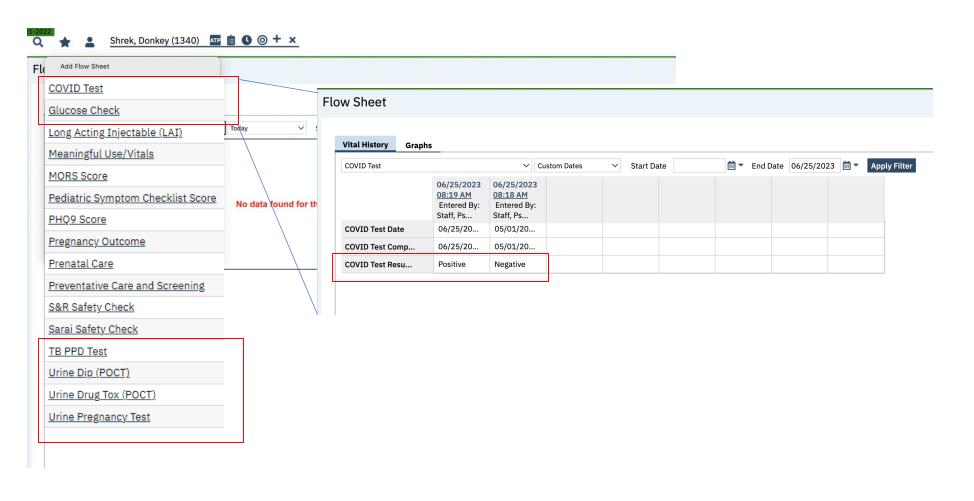


To find this scanned pdf, direct your prescribers/nurse to look under "Documents, Client"

The "Record Type" and "Description" will be listed as the header

OPTION #2: TO INPUT LABS THAT ARE POCT OR ADDITIONAL CAN MANUALLY INPUT IN FLOWSHEETS TO ALLOW FOR TRENDING

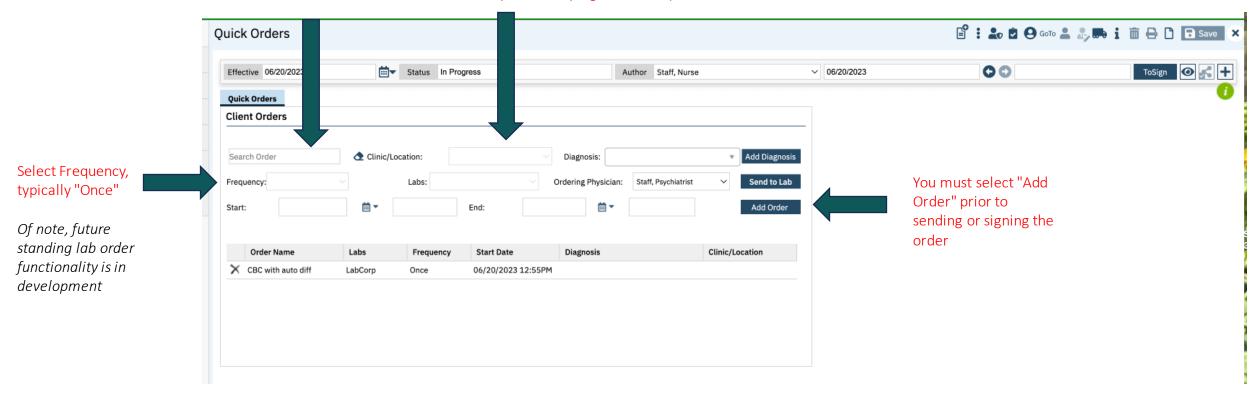
Search for Flowsheets, Client And select which Flowsheet you would like to use. Select "New" to input. To see historical data and trend, you may need to backdate.



TO ORDER LABS FOR YOUR PRESCRIBER

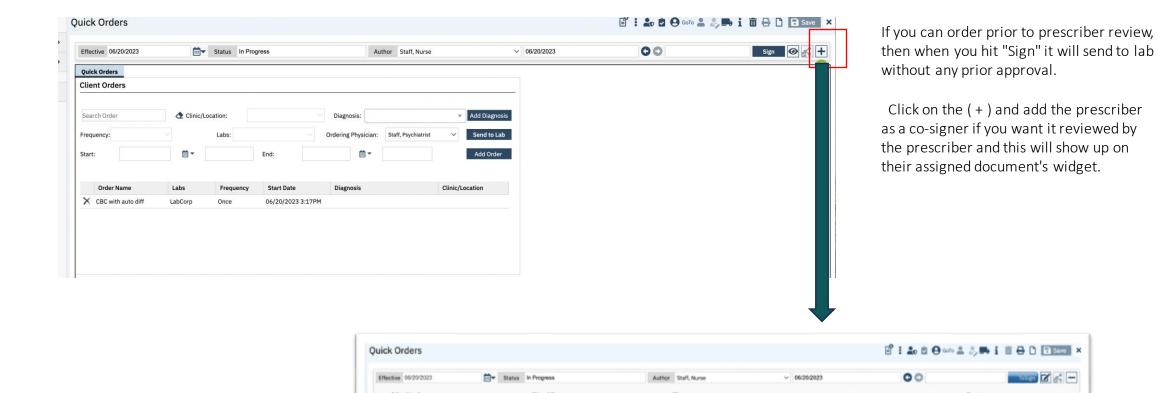
Search for the lab. The list will be uploaded by 3rd party lab vendor.

Optional: Select Clinic/Location (will need to be populated by your county's global codes)



TO ORDER LABS FOR YOUR PRESCRIBER AND REVIEW

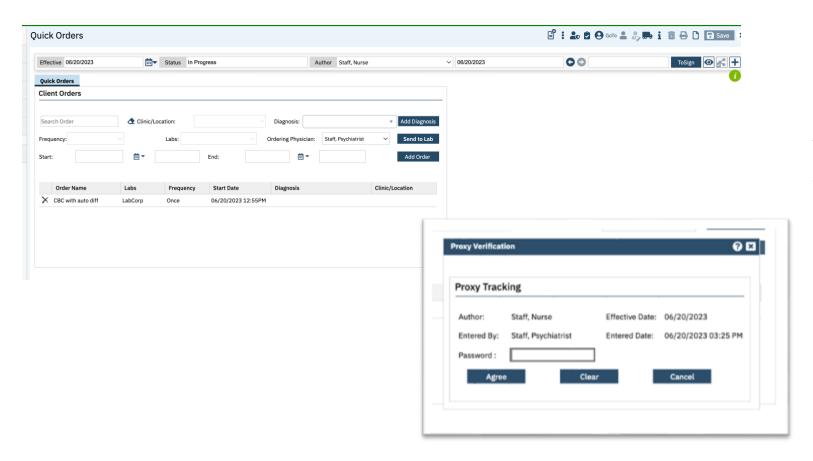
0 1.06/20/2023, Nurse S...



OX Staff, Psychia.

Outpatient MH Adult-05/17/2023

TO QUEUE LABS FOR YOUR PRESCRIBER



If you need your prescriber to sign prior to sending to the lab, then change the author to prescriber's name and a proxy tracking pop up. Enter your password.

This will go to the prescriber to their assigned document widget and/or My Documents Screen to sign

TO REVIEW VITALS

Click "New" icon to input vitals

Flow Sheet ₽ ± 9 ? Search for Flowsheets, Client. Vital History Graphs Then choose tab Start Date 01/01/2023 🖮 🔻 End Date 06/20/2023 🛗 🔻 Apply Filter Meaningful Use/Vitals ✓ Custom Dates for vitals to review. Make sure to 05/23/2023 05/23/2023 09:00 AM 02:37 PM change start date Entered By: Entered By: to go back in time Staff, Ps... Staff, Ps... if you anticipate Height 70.00 more historical Weight 200.00 data. 28.69 BMI Height/Weight N... Comments Education Referral Pharmacological... Dietary Supplem... Exercise/Physic... **Nutrition Couns... BMI Comments** Systolic 140 190 90 100 Diastolic 100 Pulse

TO INPUT VITALS

From "New" icon from Flowsheets to input vitals

OR

Can Search for "New Entry Flow Sheet"

New Entry Flow Sheet Date/Time Select Date Enter Time Program 09:45 PM Outpatient MH Adult-(> Height/Weight/BMI Height Weight BMI kg/m2 In Height/Weight Not Obtained Height/Weight Comments ~ Not Obtained **BMI Intervention** Education Referral Pharmacological Intervention ☐ Dietary Supplements Exercise/Physical Activity ■ Nutrition Counseling Counseling **BMI Comments Blood Pressure** Systolic Diastolic Pulse Pulse bpm Respiratory Respiratory Abdominal Girth



INPATIENT NOTES

INPATIENT PSYCH NOTE

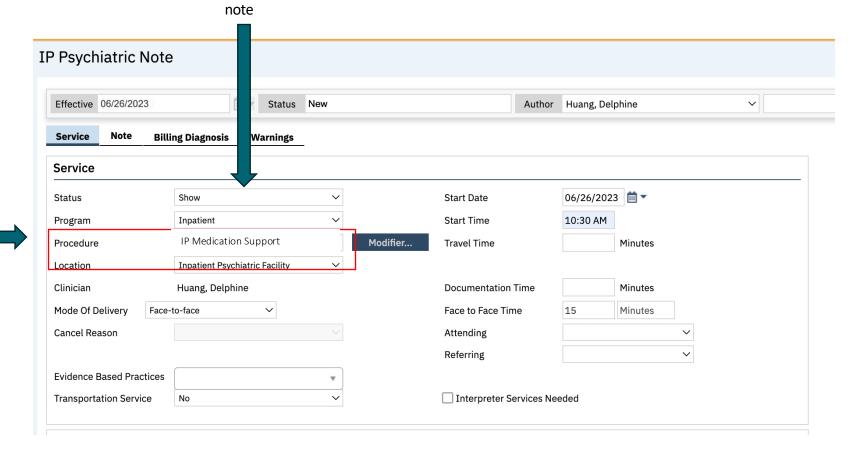
CAIMHSA
California Mental Health Services Authority

Search "Service Note" and select "IP Psychiatric Note.

Make sure that Program is your Inpatient program, and procedure code is "Inpatient Med Support" with the note "IP Medication Support" (99252-99255) based on time.

Choose radiobutton for IP admission vs IP Progress Note

Of note, the admission and progress note are the same template so will pull the last note information into any subsequent note.

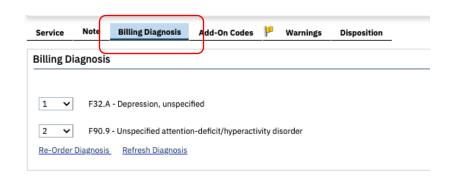


Make sure to switch from "Scheduled" to "Show" to select the

IP PSYCH NOTE: DIAGNOSIS

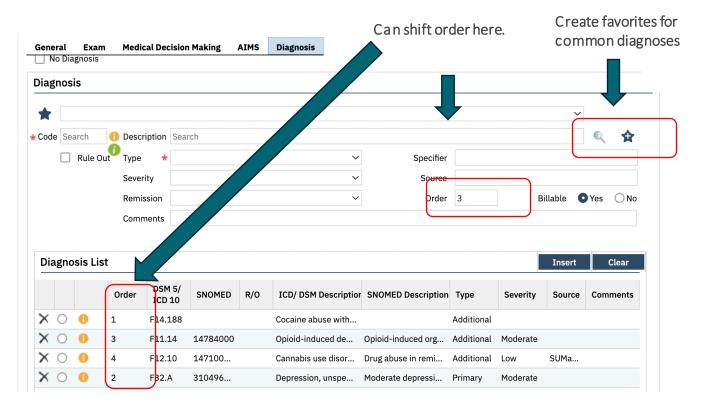


Order is important because 1st diagnosis is payable diagnosis for the service.



Before starting your MDM, check for billing diagnosis and if empty or missing, then go to Notes Tab and then Diagnosis Tab.

Once deleted, in order to find an old diagnosis, go to "Documents, Client" and look at through old psych notes and/or can go also search for old "Diagnosis Document" documents. Psych Note's that have new/modified diagnoses will push to a new Diagnosis Document but will not necessarily make a "saved" diagnosis document so will need to look in both location types of documents

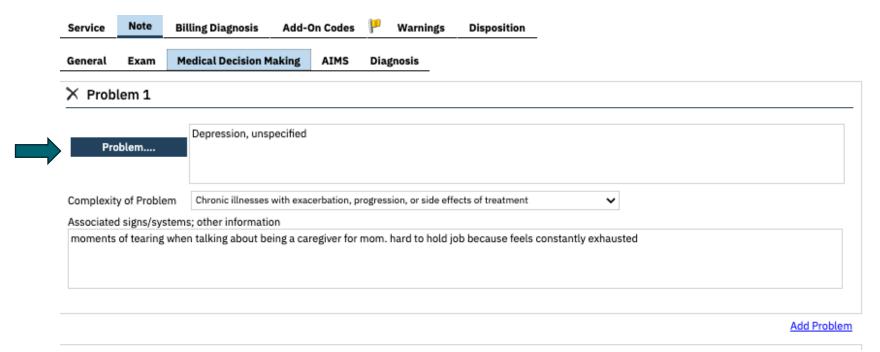


IP PYSCH NOTE: PROBLEMS



Please note that the Problem List is under development, but for now you need to enter at minimum 1 problem wthin the MDM. If you already put in your diagnosis, then it will a utopopulate when you click "problem..."

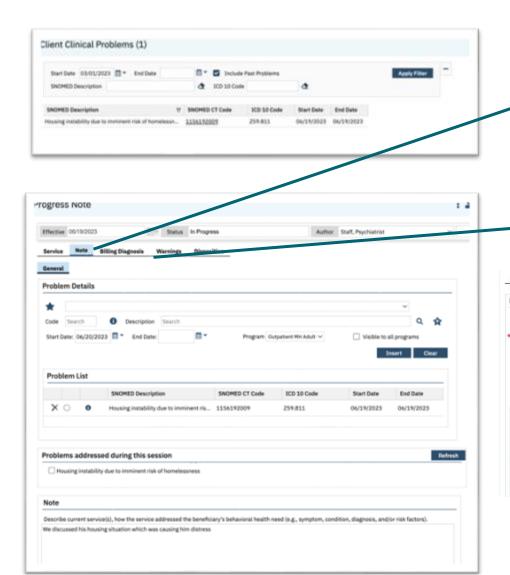
This will NOT populate the "Client Clinical Problems" that are used by clinicians and/or other providers on their progress note template.



IP PSYCH + NURSE: CLIENT CLINICAL PROBLEMS VS DIAGNOSISHISA

Service

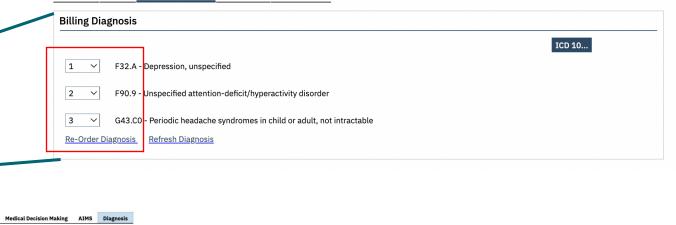
Can search for Client Clinical Problems or it is found within Progress Note (frequently used by clinicians)

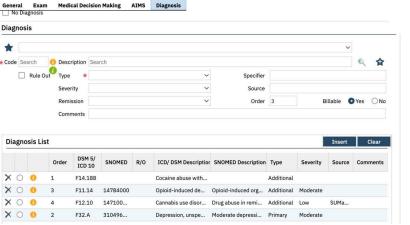


The Diagnosis will be found in Billing Diagnosis as part of the Progress Note Template. This was populated either by the Diagnosis Document and/or within the Psych Note Templates for psychiatrists. Order is important because 1st diagnosis is payable diagnosis for the service.

Can shift order here.

Disposition





Billing Diagnosis

Warnings

This comes from Diagnosis Document and/or within the Psych Note Templates for psychiatrists and will auto-populate the "Billing Diagnosis"

If trying to find an old diagnosis, search for "Documents (Client)" and look at through old psych notes and/or can go also search for old "Diagnosis Document" documents.

OTHER IP PSYCH DOCUMENTATION



Can use, but ONLY on DAY of Admission

- AssessmentMD (90792): can use this if reviewing any data with evaluation and assessment (eg MSE) that is separate from the IP Medication and Support Admission/Progress Note. Can be used in the context of meeting with other providers.
- Medical Team Conference, Participation by Physician. Pt and/or Family Not Present (99368) Use in the context of meeting with other providers >30m to discuss pt.
- Consults for New and Established Patients 99242, 99243, 99244, 99245: Used by any clinical provider (with the right permission/role) who is consulted to evaluate and manage a patient
- Physician Consultation (99451): used when meeting with other MD/DO to discuss about a patient.
- Review of Medical Records (90085): Used when reviewing any medical record that influences diagnosis decision-making
- Medication Support and Training (H0034): Any medication education/training/support with patient/family.
- TCM/ICC (1017): Any care coordination, including medical.

Other documentation: (non-billable)

- Interdisciplinary Treatment Plan
- History and Physical
- Discharge Summary
- Discharge Instructions
- Transfer Summary
- Brief Contact Note
- Shift/Quick Note
- For Seclusion and Restraint, can document by clicking "Next Check" on Whiteboard and it will open the S&R flowsheet.
- Can use Medication Injection (96372) throughout stay
- Delphine, for #1, I know it is a common practice to use the date of admission on the IP Admission note for your scenario as it is defined by the state as a 24 hour period of time. The only issue is that for billing the date of service is what is used whether the med support is paid or not, so it is common to use the day 1 date to avoid the lockout since the Dr. would be seeing the patient within 24 hours. Hope that makes sense. #2 is correct the service would be considered a lockout (not payable) unless it is the day of admission.





Can use, but ONLY on DAY of Admission

- Medication Support and Training (H0034): Any medication education/training/support with patient/family.
- TCM/ICC (1017): Any care coordination, including medical.
- Team Case Conference with Client/Family present (99366): used by non-MD providers (with allowable permission/role) meeting together with pt/family
- Team Case Conference with Client/Family absent (99367): used by non-MD providers (with allowable permission/role) meeting together without pt/family

Other documentation: (nonbillable)

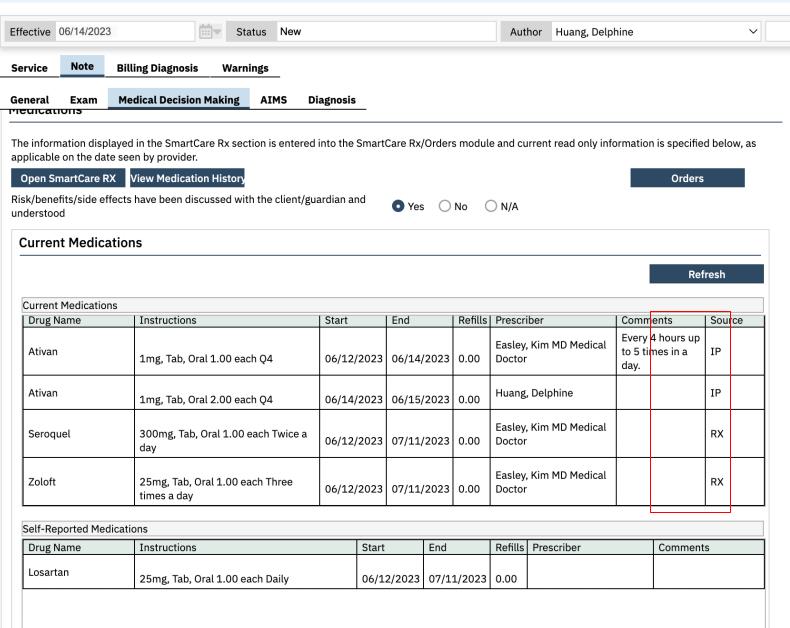
- Shift Summary
- Personal Effects Inventory
- Nursing Assessment
- Nutritional Screening
- History and Physical
- Interdisciplinary Treatment Plan
- Discharge Summary
- Discharge Instructions
- Transfer Summary
- Shift/Quick Note (can access from Whiteboard)
- For Seclusion and Restraint, can document by clicking "Next Check" on Whiteboard and it will open the S&R flowsheet.
- Can use Medication Injection (96372) throughout stay for RN (For LVT/PT, if on first day of admission can use Medication Training and Support (H0034), otherwise on subsequent days, use Brief Contact note- Nonbillable or Shift/Quick Note-Nonbillable)



INPATIENT ORDERS

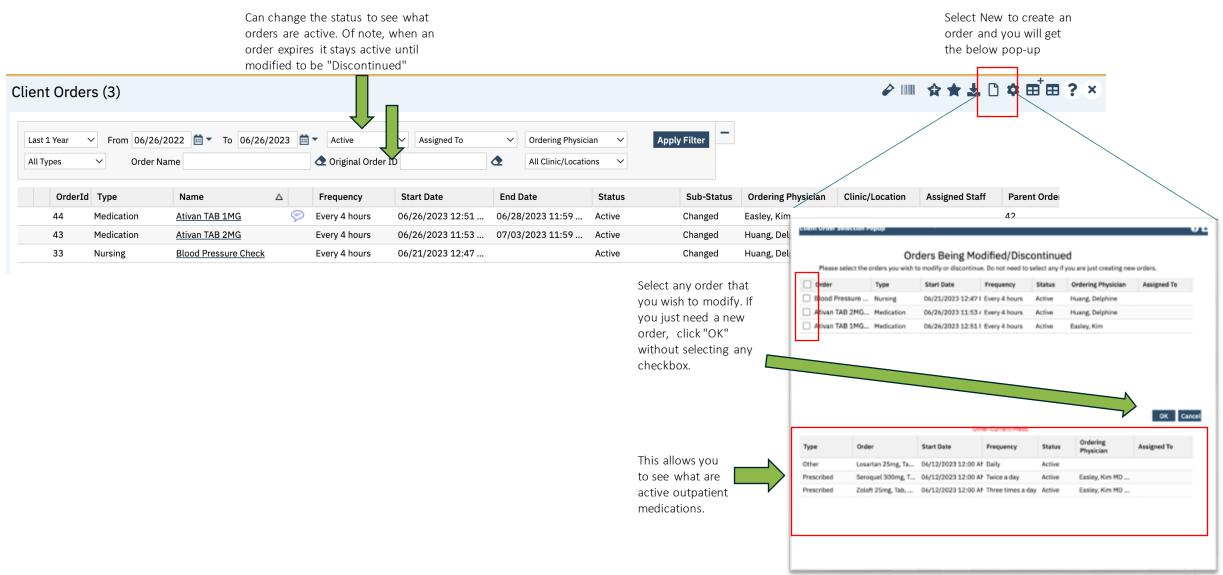
REVIEWING INPT AND OUTPT MEDICATIONS WITHIN PSYCH NOTE

IP Psychiatric Note



TO CREATE SEE AND INPATIENT ORDERS





TO PLACE ORDER

Orders may have defaults that are set by your county, but if you have preferences, then prior to saving the order, click here to save to the "My

Search for

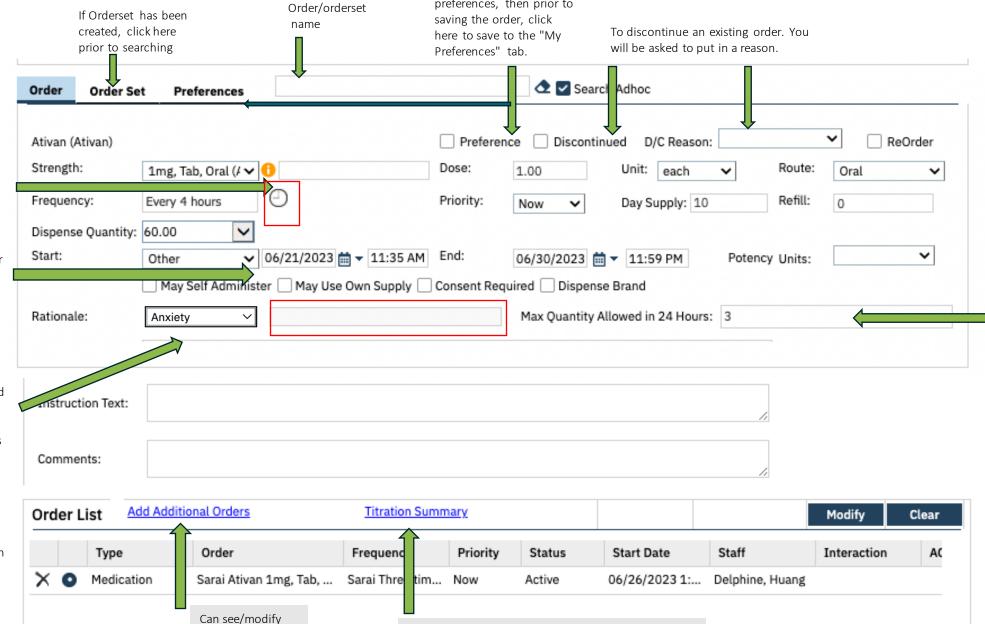
existing orders.



Click on clock to see/change the set times frequencies. Start Date refers to when order is placed, not when time of first order Use "clock" frequency to change times.

Can change rationale through dropdown and/or choose "Other" and fill in textbox.
This is for problems/diagnosis

For any other additional text needed (eg to type instruction like eg emergency use etc, can scroll down in the order box to type "Instruction Textbox and/or Comments"



Titration is only available if set up by your admin.

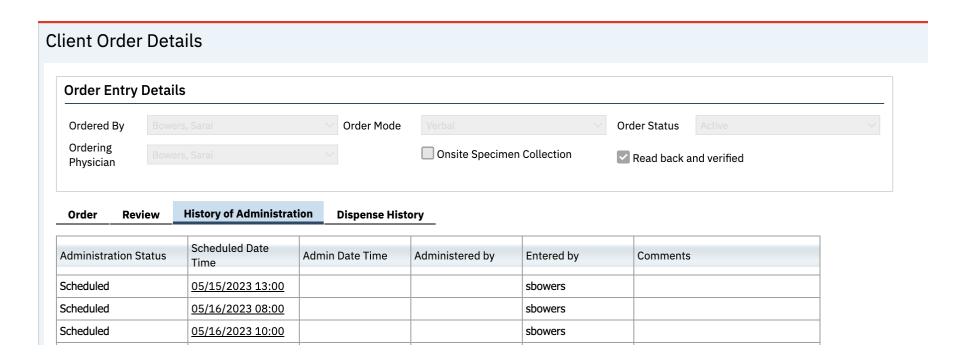
Max quantity allowed in 24 hours is based on dose (units for pills) rather than total dose amount (mg).

Of note, there is no warning if over the limit has been administered previously.

TO SEE ORDER HISTORY



To see when a medication has been administered and/or future times, can go to MAR and/or click "History of Administration". This will allow you to count your PRNs.



THINGS TO KNOW WHEN ORDERING



- Or note, there is no functionality for < 1 hr.
- If need set time frequency that are more than 8 time slots (eg 1 hr glucose check) then may need to create another order to capture more times/day.
- Duplicate orders are not notified nor overridden.
- Max quantity/24 hours is based on the specific order and not necessarily based on previous /duplicate orders.
- When you have orders like q2h, q4h, q6h etc, please note that the set time frequency ("Clock" icon) is based on defaults and will need to be changed if you want it to be based on a certain off-set frequency. It is not based on the time that the order is placed (eg. Start Date/Time). If the PRN option is chosen (eg q4hr as needed PRN) frequency is chosen, then this will be based on when 1st administration date/time.
- There is no weight-based dosing calculation available at this time.
- When it comes to discharging, can discontinue medications within Client Orders, and can order outpatient medications to Medication Management Rx. Follow instructions on cheatsheet and/or outpt prescriber guide for more information

- Available universal orders/ordersets include:
 - Admission
 - Discharge
 - Legal Status
 - Food Allergy
 - Latex Allergy
 - Food Preference
 - Physical Activity
 - Safety Check q15m, q30m, q60m
 - Seclusion and Restraint
 - S&R Check
 - Check Vitals
 - Food/Fluid/Toilet Needs
 - Nursing Free Text Order
 - POCT with flowsheets: Glucose Check, Urine Dip, Urine Drug Tox, Urine Pregnancy
 - Obtain EKG (and print old, if available)
 - Other Denial of Patient Rights

TO CO-SIGN



• To co-sign any document, including orders, once there is a saved pdf, then click on the "+" . Add co-signer. There is no option for queuing a client order.







THE MAR

The MAR is where you can see what are upcoming and due medications and other orders have been selected by your admin to go on the MAR.

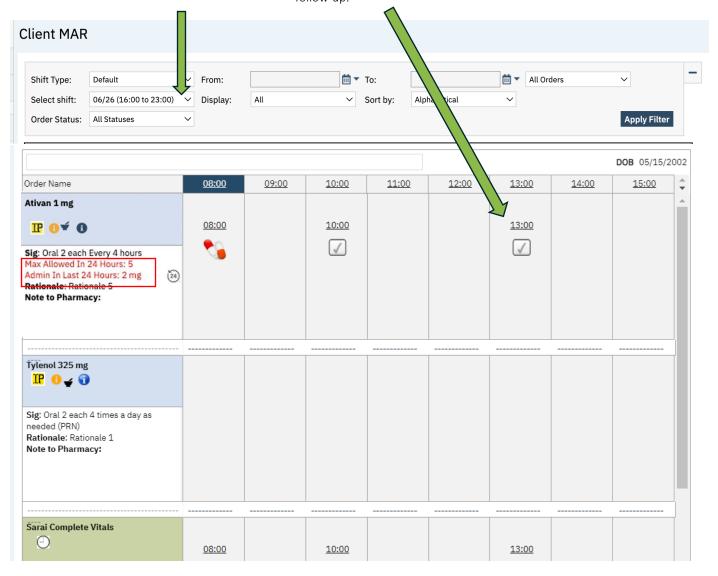
PRN orders will be below the dotted line and once administered, will lock out for designated time period based on chosen frequency.

Icons definitions can be found on Inpatient/CSU/Residential User Guide, "ClientMAR: How to Understand the Client MAR Icons" on p. 22

If prescriber has included a "Max allowed/24 hours" within the order, then MAR assist in how many tablets/mg have been administered.

Can toggle between shift times When there is a "pill" icon then you are within the window to administer. If there is a gray checkbox, then it is upcoming. If there is a "green check" box + "Given", can click into it and document any follow-up.







INPT ORDERS TO OUTPT MEDS

TRANSITIONING FROM INPT MEDS TO OUTPATIENT



Within Client Orders, we recommend that you discontinue any inpatient orders.

For any medications that you want to carry forward and/edit, we recommend:

- Can select medication within Client Orders, modify with date of discharge. This will automatically discontinue inpt medication and create a new one.
- Go into Medication Management Rx
- There you will see this new medication listed with



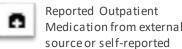


can do that within Rx.

- Select "Complete Order"
- Follow the steps outlined for Medication Management Rx to complete steps for outpatient medications and patient consent. More details are listed in Prescriber Documentation.
- Any additional new outpatient medication, can be done through "New Orders" within Medication Management Rx.



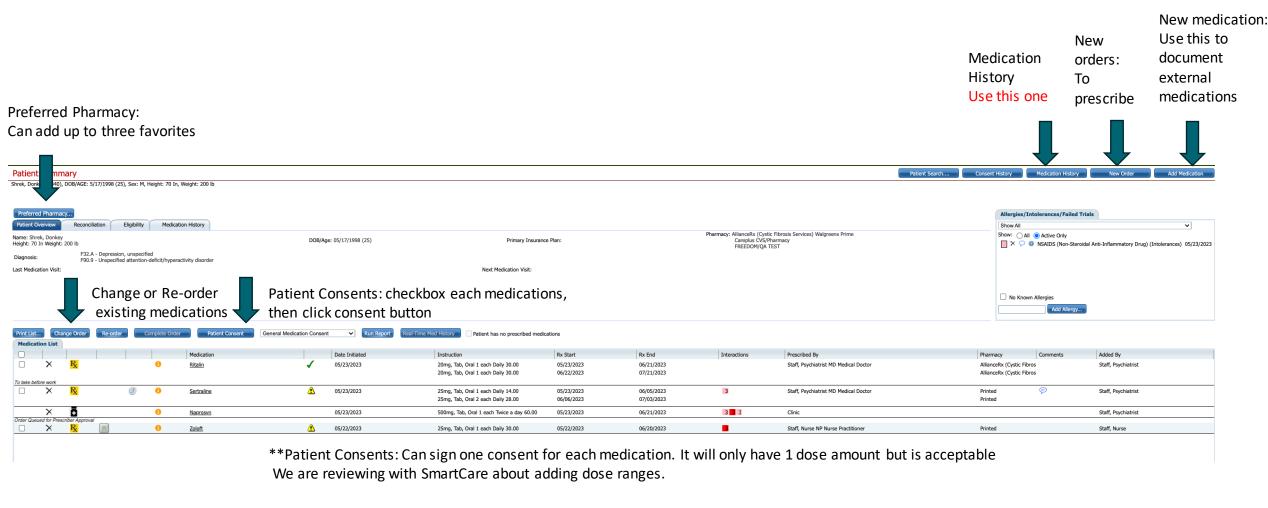






RX FOR OUTPATIENT MEDICATIONS

Please advise: Medication Management Rx opens in separate webpage and if you change to a 2nd patient in SmartCare, the original Rx will continue to be exist and be editable with the 1st patient.



RX: KEY FEATURES





RX: KEY FEATURES

Verbal Orders:

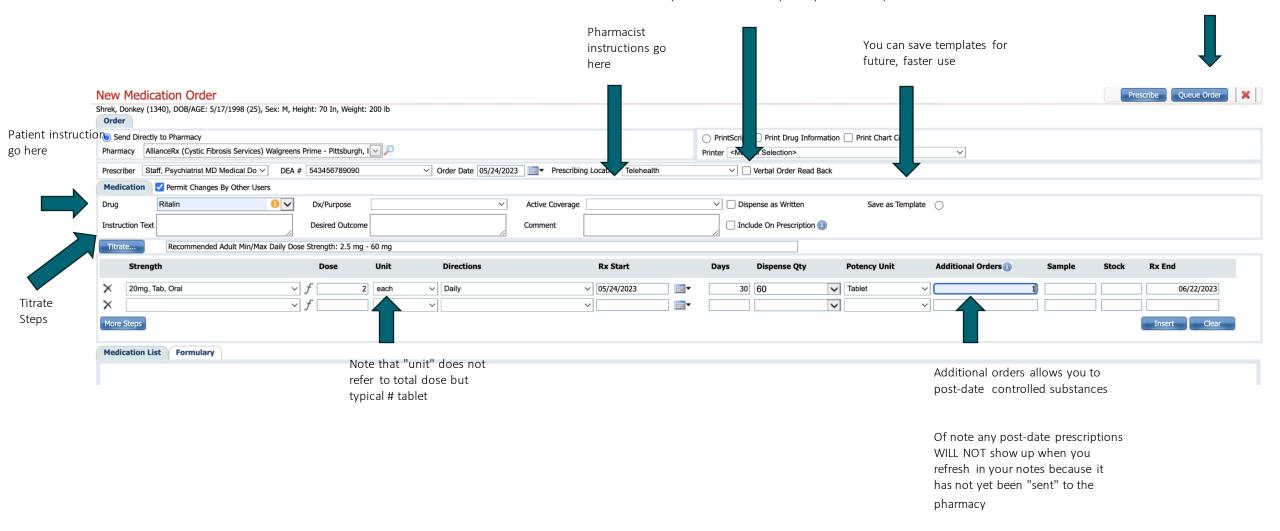
If you are a proxy for a prescriber and/or the name of author is different from what is selected on the Prescriber, then when you sign hit the "Prescribe" button it will send directly with the pharmacy to fill, and your prescriber will be notified to sign (but will not delay the release of the prescription)

Click the checkbox to acknowledge when you received a verbal order, that you "read back" the prescription to the prescriber.



Queue Orders:

Click here to send to MD/DO to sign the order. This will NOT send to pharmacy without prescriber signing it



EPCS: HID MOBILE APP

EPCS Token: Prescriber's Tasks

The purpose of this document is to help guide the prescriber through the process of setting up their EPCS Token which is needed for prescribing controlled substances.

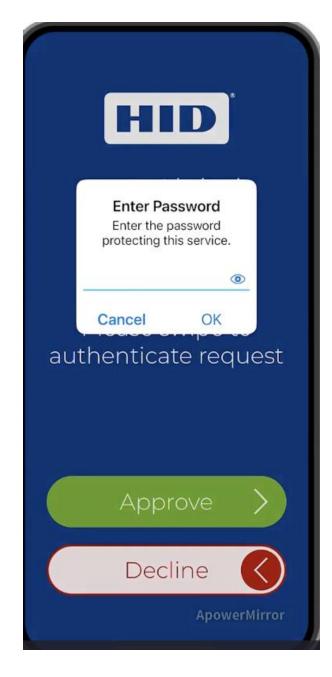
This is a three-step process that will require the prescriber to:

- 1) Apply for a certificate which requires you to have an iPhone or Android
- 2) Verification which you will need to wait for 24-48h
- 3) Install certificates on a computer which helps authorize user with <u>IdenTrust</u>. Consideration should be given as to which computer should be used for this step. Backing up of these certificates is important.

Ready to Sign	Medication	<u>Directions</u>
	Adderall XR 10 mg capsule, extended release	1.00 (each) Morning
	Adderall XR 10 mg capsule, extended release	1.00 (each) Morning

By completing the two-factor authentication protocol at this time, you are legally sigining the prescriptions(s) and authorizi

Must click the checkboxes to finalize order





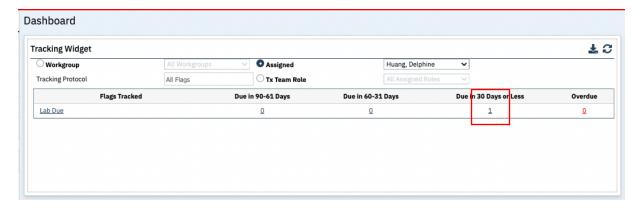


MISC

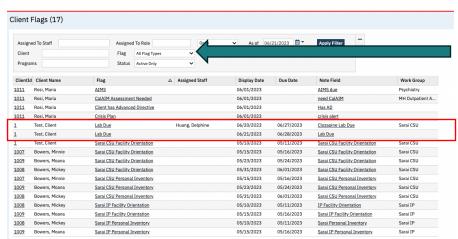
FLAGS/TRACKING PROTOCOLS

These are different places to check for flags.

Provider's dashboard



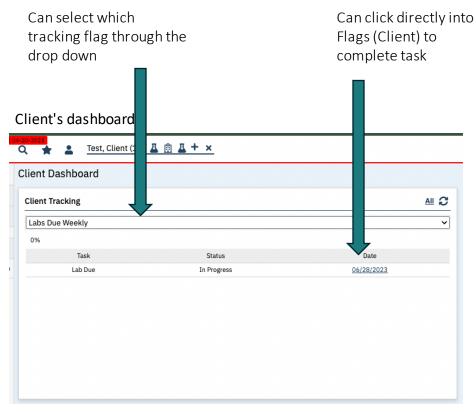
Client Flags, My Office and filter by Flag Name



Search for Client Flags, Office.

Can sort based on flags called "Lab Due" to see all patients that have that particular flag due.





Next to Client Name will be the icon, as a reminder. You can search "Client Flags, Client" to see details or to complete.



COMPLETING FLAGS

Can assign to a specific workgroup and this will show up in their tracking widget. This information will hold for every subsequent flag that is created.



